

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Collins for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	29863	916956.81
(b) Total Contribution Refunds (from Line 20(d))	0	420
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29863	916536.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21828.2	441240.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	396.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21828.2	440844.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	599745.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500000	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Collins for Congress

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 04 / 2014 (date of general election)

11 / 05 / 2014 (date after general election)

through

11 / 24 / 2014 (last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
 - (i) Itemized (use Schedule A)

2790 2580 210

(ii) Unitemized

0 381553 0

(iii) Total of contributions from individuals

2790 384133 210

(b) Political Party Committees

1000 7250 0

(c) Other Political Committees

26073 525573.81 5500

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 31

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
29863	916956.81	5710
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0	144476.95	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0	0	0
(b) All Other Loans		
0	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0	396.13	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0	1500	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
29863	1063329.89	5710

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 31

Write or Type Committee Name

Collins for Congress

Report Covering the Period: From:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		24		2014

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	21828.2	441240.37	12590.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0	0
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0	0	0
(b) Of All Other Loans	0	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	0	0	0
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0	420	0
(b) Political Party Committees	0	0	0

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 31

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0	0	0
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0	420	0
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21. OTHER DISBURSEMENTS

3321.31	16521.31	0
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

25149.51	458181.68	12590.32
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

29863.00	916536.81	5710.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

21828.20	440844.24	12590.32
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	595032.08
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	29863
25. SUBTOTAL (add Line 23 and Line 24).....	624895.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25149.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	599745.57

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Marlin Salmon

Mailing Address 412 Garden Drive

City State Zip Code
Batavia NY 14020-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : A-CF11154

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address 3615 Lake Avenue

City State Zip Code
Blasdell NY 14219-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NA Disabled

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 24 / 2014

Transaction ID : A-CF11177

Amount of Each Receipt this Period
10

C. Full Name (Last, First, Middle Initial)
Roger Triftshauer

Mailing Address 1333 Eagle Run Drive

City State Zip Code
Sanibel FL 33957-6709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self employed Orthodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : A-CF11146

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

760.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Mark Dadd		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 166 Main Street		Transaction ID : A-CF1129	
City Attica	State NY	Zip Code 14011-1243	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250	
Name of Employer Mark H. Dadd Law Offices	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250		

Full Name (Last, First, Middle Initial) B. Richard Glazier		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 7261 Batavia Byron Road		Transaction ID : A-CF1124	
City Byron	State NY	Zip Code 14422-9535	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100	
Name of Employer	Occupation		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100		

Full Name (Last, First, Middle Initial) C. Charles Zambito		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 50 S Main Street		Transaction ID : A-CF1126	
City Elba	State NY	Zip Code 14058-9518	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250	
Name of Employer Foster Fox & Zambito LLP	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 625		

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
James Byrnes

Mailing Address 1940 Cole Road

City Nunda State NY Zip Code 14517-9665

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : A-CF11125

Amount of Each Receipt this Period
25

B. Full Name (Last, First, Middle Initial)
James Brick

Mailing Address 7618 State Route 20A

City Perry State NY Zip Code 14530-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Town of Perry Occupation Supervisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **75**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : A-CF11123

Amount of Each Receipt this Period
25

C. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address 3615 Lake Avenue

City Blasdell State NY Zip Code 14219-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Disabled

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : A-CF11153

Amount of Each Receipt this Period
10

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

60.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Brian D Rusk

Mailing Address 340 Wellingwood Drive

City East Amherst State NY Zip Code 14051-1753

FEC ID number of contributing federal political committee. **C**

Name of Employer WWKB Radio Occupation Public Affairs Host

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3820**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11148

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address 3615 Lake Avenue

City Blasdell State NY Zip Code 14219-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Disabled

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11182

Amount of Each Receipt this Period
10

C. Full Name (Last, First, Middle Initial)
Janice Cummings

Mailing Address 204 Clarendon Road # 168

City Albion State NY Zip Code 14411-9542

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **150**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : A-CF11131

Amount of Each Receipt this Period
100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

210.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Vecchiarelli

Mailing Address 1830 W 38th Avenue

City State Zip Code
Denver CO 80211-2225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Leprino Foods Vice chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11149

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Craig Yunker

Mailing Address 6460 Transit Road

City State Zip Code
Elba NY 14058-9706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CY Farms Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : A-CF11127

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Vance Richenberg

Mailing Address 1592 Bank Street Road

City State Zip Code
Wyoming NY 14591-9731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
20

Date of Receipt
 M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : A-CF11128

Amount of Each Receipt this Period
10

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

760.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Brian D Rusk

Mailing Address 340 Wellingwood Drive

City East Amherst State NY Zip Code 14051-1753

FEC ID number of contributing federal political committee. **C**

Name of Employer WWKB Radio Occupation Public Affairs Host

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3820**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Transaction ID : A-CF11178

Amount of Each Receipt this Period
200

B. Full Name (Last, First, Middle Initial)
Hugh James

Mailing Address 12107 Platten Road

City Lyndonville State NY Zip Code 14098-9682

FEC ID number of contributing federal political committee. **C**

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : A-CF11130

Amount of Each Receipt this Period
100

C. Full Name (Last, First, Middle Initial)
Annie Lawrence

Mailing Address 2495 Brown Road

City Corfu State NY Zip Code 14036-9697

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesee County Occupation Legislator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **175**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : A-CF11156

Amount of Each Receipt this Period
100

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

2790.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Orleans County Republican Committee

Mailing Address 3132 Hulberton Road

City State Zip Code
Holley NY 14470-9371

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : A-CF11133

Amount of Each Receipt this Period
 From permissible funds
1000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
American Optometric Association Political Action Committee

Mailing Address 1505 Prince Street
Suite 300

City Alexandria State VA Zip Code 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : A-CF11150

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
MVP Health Care Federal PAC

Mailing Address 625 State Street

City Schenectady State NY Zip Code 12305-2111

FEC ID number of contributing federal political committee. **C** C00431429

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 07 / 2014

Transaction ID : A-CF11159

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
United Fresh Produce Association Fresh Political Action Committee (fresh Pac)

Mailing Address 1901 Pennsylvania Avenue NW
Suite 1100

City Washington State DC Zip Code 20006-3412

FEC ID number of contributing federal political committee. **C** C00040725

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : A-CF11116

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW
Suite 500 W

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4773

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11152

Amount of Each Receipt this Period
3773

B. Full Name (Last, First, Middle Initial)
Harris Corporation PAC

Mailing Address 600 Maryland Avenue SW
Suite 850E

City Washington State DC Zip Code 20024-2566

FEC ID number of contributing federal political committee. **C C00100321**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000

Date of Receipt
 M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : A-CF11115

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
NFG FEDPAC

Mailing Address 10 Lafayette Square

City Buffalo State NY Zip Code 14203-1824

FEC ID number of contributing federal political committee. **C C00083758**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11155

Amount of Each Receipt this Period
4800

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9573.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th Street NW
Suite 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11147

Amount of Each Receipt this Period
2000

B. Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association Pac

Mailing Address 1325 Massachusetts Avenue NW

City Washington State DC Zip Code 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : A-CF11151

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Reynolds for Congress

Mailing Address 171 Sullys Trail
Suite 201

City Pittsford State NY Zip Code 14534-4557

FEC ID number of contributing federal political committee. **C C00336065**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 07 / 2014

Transaction ID : A-CF11157

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 31
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. BUILD PAC
 Full Name (Last, First, Middle Initial)
 BUILD PAC
 Mailing Address 1201 15th Street NW
 City Washington State DC Zip Code 20005-2899
 FEC ID number of contributing federal political committee. **C C00000901**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3500

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014
Transaction ID : A-CF11143
 Amount of Each Receipt this Period
 1500

B. Mattell Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mattell Inc. PAC
 Mailing Address 333 Continental Boulevard
 City El Segundo State CA Zip Code 90245-5032
 FEC ID number of contributing federal political committee. **C C00340224**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014
Transaction ID : A-CF11132
 Amount of Each Receipt this Period
 2000

C. Citigroup Inc. PAC
 Full Name (Last, First, Middle Initial)
 Citigroup Inc. PAC
 Mailing Address 1101 Pennsylvania Avenue NW
 Suite 1000
 City Washington State DC Zip Code 20004-2524
 FEC ID number of contributing federal political committee. **C C00008474**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 3000

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 07 / 2014
Transaction ID : A-CF11158
 Amount of Each Receipt this Period
 2000

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

5500.00
 26073.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 31	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

A. Marketing Technologies of WNY

Full Name (Last, First, Middle Initial)

Mailing Address 2495 Main Street
Suite 454

City Buffalo State NY Zip Code 14214-2152

Purpose of Disbursement Administrative/Salary/Overhead: Banner

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 23 / 2014

Amount of Each Disbursement this Period 264.5

Transaction ID : B-E-11175

Category/Type 001

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit card payment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 24 / 2014

Amount of Each Disbursement this Period 2220.69

Transaction ID : B-E-11174

Category/Type 001

Original vendors exceeding reporting threshold itemized as memo transactions.

c. House Gift Shop

Full Name (Last, First, Middle Initial)

Mailing Address Longworth Building

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement Gift

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement 11 / 13 / 2014

Amount of Each Disbursement this Period 659

Transaction ID : B-S-493

Category/Type 006

[MEMO ITEM]
Subitemization of American Express(11/24/14)

SUBTOTAL of Disbursements This Page (optional)..... 2485.19

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address PO Box 30844		Amount of Each Disbursement this Period 748
City Bethesda	State MD	Zip Code 20824-0844
Purpose of Disbursement Play tickets	Category/ Type 007	
Candidate Name	Transaction ID : B-S-502	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(11/24/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Embassy Suites		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 200 Delaware Avenue		Amount of Each Disbursement this Period 210.32
City Buffalo	State NY	Zip Code 14202-2150
Purpose of Disbursement Hotel	Category/ Type 007	
Candidate Name	Transaction ID : B-S-495	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(11/24/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Wegmans		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 8270 Transit Road		Amount of Each Disbursement this Period 106.74
City Williamsville	State NY	Zip Code 14221-2820
Purpose of Disbursement Supplies	Category/ Type 001	
Candidate Name	Transaction ID : B-S-496	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(11/24/14)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Emma, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 103.58
City Nashville	State TN Zip Code 37204-2204	
Purpose of Disbursement Monthly email	Category/Type 001	Transaction ID : B-S-499 [MEMO ITEM] Subitemization of American Express(11/24/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2642 Delaware Avenue		Amount of Each Disbursement this Period 78.29
City Buffalo	State NY Zip Code 14216-1103	
Purpose of Disbursement Supplies	Category/Type 001	Transaction ID : B-S-500 [MEMO ITEM] Subitemization of American Express(11/24/14)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 1086.4
City Newark	State NJ Zip Code 07101-1270	
Purpose of Disbursement Credit card payment	Category/Type 001	Transaction ID : B-E-11167 Original vendors exceeding reporting threshold itemized as memo transactions.
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1086.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Monthly software	Category/Type 001	
Candidate Name	Transaction ID : B-S-480	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of American Express(11/04/14)	

Full Name (Last, First, Middle Initial) B. Emma, Inc.		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 103.58
City Nashville	State TN	Zip Code 37204-2204
Purpose of Disbursement Monthly email	Category/Type 001	
Candidate Name	Transaction ID : B-S-483	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of American Express(11/04/14)	

Full Name (Last, First, Middle Initial) c. Chili's Grill		Date of Disbursement MM / DD / YYYY 10 / 31 / 2014
Mailing Address 100 Marketplace Drive		Amount of Each Disbursement this Period 238.15
City Rochester	State NY	Zip Code 14623-6014
Purpose of Disbursement Campaign dinner	Category/Type	
Candidate Name	Transaction ID : B-S-484	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] Subitemization of American Express(11/04/14)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. FedEx		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 525 Seventh Avenue		Amount of Each Disbursement this Period 51.28
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Postage	Transaction ID : B-S-487
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(11/04/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Bogart Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 2207.18
City Alexandria	State VA	
Zip Code 22314-4724	Purpose of Disbursement Campaign Event: Event - play	Transaction ID : B-E-11170
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Epiphany Productions		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 3050.43
City Alexandria	State VA	
Zip Code 22301-1015	Purpose of Disbursement Fundraising consultant	Transaction ID : B-E-11179
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5257.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Government Sales Co.		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2014
Mailing Address PO Box 1		Amount of Each Disbursement this Period 7643.2
City Williamsburg	State MO	
Zip Code 63388-0001	Category/ Type 006	Transaction ID : B-E-11176
Purpose of Disbursement Paraphernalia: Challenge Coins		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Credit Union House		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 403 C Street NE		Amount of Each Disbursement this Period 400
City Washington	State DC	
Zip Code 20002-5817	Category/ Type 007	Transaction ID : B-E-11181
Purpose of Disbursement Campaign Event: Room rental		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 3131.05
City Newark	State NJ	
Zip Code 07101-1270	Category/ Type 001	Transaction ID : B-E-11168
Purpose of Disbursement Credit card payment		
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11174.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 229 W Genesee Street		Amount of Each Disbursement this Period 79.96
City Buffalo	State NY Zip Code 14202-2604	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : B-S-488
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of American Express(11/03/14)

Full Name (Last, First, Middle Initial) B. Facebook		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1601 Willow Road		Amount of Each Disbursement this Period 60
City Menlo Park	State CA Zip Code 94025-1452	
Purpose of Disbursement Advertising	Candidate Name	Transaction ID : B-S-490
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 004	[MEMO ITEM] Subitemization of American Express(11/03/14)

Full Name (Last, First, Middle Initial) c. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 229 W Genesee Street		Amount of Each Disbursement this Period 245
City Buffalo	State NY Zip Code 14202-2604	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : B-S-491
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] Subitemization of American Express(11/03/14)

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Ray Walter for NYS Assembly		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 62 Walton Drive		Amount of Each Disbursement this Period 2000
City Amherst State NY Zip Code 14226-4529	Purpose of Disbursement Political contribution	Transaction ID : B-S-504
Candidate Name Ray Walter for NYS Assembly	Category/Type 011	[MEMO ITEM] Subitemization of American Express(11/03/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hotels.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3267 Buford Highway NE		Amount of Each Disbursement this Period 730.1
City Atlanta State GA Zip Code 30329-3731	Purpose of Disbursement Hotel	Transaction ID : B-S-489
Candidate Name	Category/Type 002	[MEMO ITEM] Subitemization of American Express(11/03/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wyoming County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address PO Box 191		Amount of Each Disbursement this Period 400
City Warsaw State NY Zip Code 14569-0191	Purpose of Disbursement Political Contribution: Program Ad	Transaction ID : B-E-11161
Candidate Name Wyoming County Republican Committee	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Jocelyn Jakubus		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 68 Brockett Drive		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-11180
City Tonawanda	State NY	
Zip Code 14223-1421	Purpose of Disbursement Finance consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	21403.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 31	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Tom Reed For Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 450		Amount of Each Disbursement this Period 1321.31
City Victor	State NY	
Zip Code 14564-0450	Purpose of Disbursement In kind contribution made for campaign event	Transaction ID : B-I-11166
Candidate Name Thomas W Reed II	Category/Type 007	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Inkind Donation Made
State: NY District: 23		

Full Name (Last, First, Middle Initial) B. Private Knives Catering		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 5472 Broadway Street		Amount of Each Disbursement this Period 1321.31
City Lancaster	State NY	
Zip Code 14086-2133	Purpose of Disbursement In-kind contribution for Tom Reed NY H-23	Transaction ID : B-E-11165
Candidate Name	Category/Type 012	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Upton For All Of Us		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO Box 490		Amount of Each Disbursement this Period 2000
City Saint Joseph	State MI	
Zip Code 49085-0490	Purpose of Disbursement Political Contribution: Contribution	Transaction ID : B-E-11145
Candidate Name Frederick Stephen Upton	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 06		

SUBTOTAL of Disbursements This Page (optional).....	3321.31
TOTAL This Period (last page this line number only).....	3321.31

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Collins for Congress

Transaction ID : SC/10-L4

LOAN SOURCE Full Name (Last, First, Middle Initial)

Christopher C Collins

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼
Primary 2012

Mailing Address
9660 Cobblestone Drive

City State ZIP Code
Clarence NY 14031-1576

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
4500 0 4500

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 4500.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L5**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
245500	0	245500

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 17 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	245500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L6**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000	0	100000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 30 / 2012	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	100000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L8**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000	0	150000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2012	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	150000.00
TOTALS This Period (last page in this line only).....	500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.