

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

MARTINS FOR CONGRESS

ADDRESS (number and street) ▼

PO BOX 9891

Check if different than previously reported. (ACC)

ARLINGTON

VA

22219

2. **FEC IDENTIFICATION NUMBER** ▼

C C00603001

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NY

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 06 / 28 / 2016 in the State of NY

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2016 through 06 / 08 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MICHELE REISNER

Signature of Treasurer MICHELE REISNER

[Electronically Filed]

Date

06 / 16 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**MARTINS FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	130795.00	409633.52
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	130795.00	409633.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	50269.96	91645.06
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4759.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	50269.96	86885.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	322748.05	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MARTINS FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	98550.00	339615.52
(ii) Unitemized.....	3245.00	19968.00
(iii) TOTAL of contributions from individuals ▶	101795.00	359583.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	29000.00	50050.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	130795.00	409633.52
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	4759.59
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	130795.00	414393.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50269.96	91645.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	50269.96	91645.06

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	242223.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	130795.00
25. SUBTOTAL (add Line 23 and Line 24).....	373018.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50269.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	322748.05

**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 5 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARC ADLER**

Mailing Address 99 7TH ST  
APT 4B

City State Zip Code  
GARDEN CITY NY 11530

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4885**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW ALBRO**

Mailing Address 269 ROSELLE STREET

City State Zip Code  
MINEOLA NY 11501

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

Name of Employer Occupation  
STANDARD VALUATION SERVICES REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4887**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DIANE L BACHOR**

Mailing Address 170 BRANCH AVE

City State Zip Code  
FREEPORT NY 11520

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ASSISTANT VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4891**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

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

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

1700.00

**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 6 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT BISHOP**

Mailing Address 52-46 CONCORD AVENUE

City State Zip Code  
LITTLE NECK NY 11362

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

Name of Employer Occupation  
PITTA BISHOP DELGIORNO & GIBLIN LLC LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : SA11AI.5095**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD M BIVONE**

Mailing Address 308 EAST MEADOW AVENUE

City State Zip Code  
EAST MEADOW NY 11554

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

Name of Employer Occupation  
RMB GROUP PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 02 / 2016

**Transaction ID : SA11AI.4893**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID BRIGAGLIANO**

Mailing Address 157 CONCOURSE WEST

City State Zip Code  
BRIGHTWATERS NY 11718

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL HEALTHCARE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : SA11AI.5107**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 7 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BERT BRODSKY**

Mailing Address 26 HARBOR PARK PLACE

City State Zip Code  
PORT WASHINGTON NY 11050

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

Name of Employer Occupation  
SANDATA TECHNOLOGIES CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : SA11AI.5052**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT BROWN**

Mailing Address 404 ELMWOOD STREET

City State Zip Code  
ISLIP TERRACE NY 11752

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

Name of Employer Occupation  
THE LAW OFFICES OF ROBERT E BROWN P ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : SA11AI.4895**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROSEANN CALDON**

Mailing Address 73 CYPRESS STREET

City State Zip Code  
FLORAL PARK NY 11001

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL HR MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : SA11AI.5093**

Amount of Each Receipt this Period  
 350.00

Memo Item  
CONTRIBUTION

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

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

4050.00

**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 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES D CAPOZZI**

Mailing Address 14 MEADOW LANE

City State Zip Code  
E WILLISTON NY 11596

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ORTHOPEDICS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4897**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**A BRADFORD CARD**

Mailing Address 896 HELGA PLACE

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
CARD & ASSOCIATES CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : SA11AI.4899**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GUISEPPE CARUSO**

Mailing Address 127 NORTH OCEAN AVE

City State Zip Code  
FREEPORT NY 11520

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4901**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

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

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

1700.00

**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 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**FRANK CASTAGNA**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
CASTAGNA REALTY REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4903**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRANK CASTAGNA**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
CASTAGNA REALTY REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4904**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RITA CASTAGNA**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
CASTAGNA REALTY REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4906**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

8100.00

**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 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RITA CASTAGNA**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
CASTAGNA REALTY REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4907**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PALMIRA CATALIOTTI**

Mailing Address 18 MANOR AVENUE

City State Zip Code  
ROSLYN HEIGHTS NY 11577

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL CFO AND SENIOR VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : SA11AI.5111**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL CHARLES**

Mailing Address 825 3RD AVE  
2ND FLOOR

City State Zip Code  
NEW YORK NY 10022

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

Name of Employer Occupation  
SELF REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4909**

Amount of Each Receipt this Period  
300.00

Memo Item  
CONTRIBUTION

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

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

3350.00

**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 11 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE COHN**

Mailing Address 72 GLENLAWN AVENUE

City SEA CLIFF State NY Zip Code 11579

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

Name of Employer WINTHROP UNIVERSITY HOSPITAL Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : SA11AI.5123**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN CORRADO**

Mailing Address PO BOX 5510

City BAY SHORE State NY Zip Code 11706

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

Name of Employer SUFFOLK TRANSIT Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2016

**Transaction ID : SA11AI.4911**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANTHONY R COSTA**

Mailing Address 2160 TITUS PATH

City MUTTONTOWN State NY Zip Code 11791

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

Name of Employer ENVIRO EXPRESS INC Occupation MANAGER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA11AI.5088**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

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

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

1350.00

**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 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**THERESA M CRISCITELLI**

Mailing Address 57 MAPLE AVE

City State Zip Code  
FLORAL PARK NY 11001

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL AVP PERIOP PROCEDURAL SERVICES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4913**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALFONSE M D'AMATO**

Mailing Address 101 PARK AVENUE  
SUITE 2506

City State Zip Code  
NEW YORK NY 10178

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

Name of Employer Occupation  
PARK STRATEGIES CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4915**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARMAND P D'AMATO**

Mailing Address 101 PARK AVENUE  
SUITE 2506

City State Zip Code  
NEW YORK NY 10178

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

Name of Employer Occupation  
PARK STRATEGIES ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4917**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

4200.00

**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 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN W DAHILL**

Mailing Address **20 W PALISADE AVE**  
**APT 2234**

City **ENGLEWOOD** State **NJ** Zip Code **07631**

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

Name of Employer **NASSAU-SUFFOLK HOSPITAL COUNCI** Occupation **PRESIDENT/CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2016**

**Transaction ID : SA11AI.5295**

Amount of Each Receipt this Period  
**350.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**JUDITH ANN DAZZO**

Mailing Address **826 LINSTEAD LANE**

City **NORTH BELLMORE** State **NY** Zip Code **11710**

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

Name of Employer **OWNER** Occupation **SELF-EMPLOYED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2016**

**Transaction ID : SA11AI.4919**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**TODD ADAM DEUTSCH**

Mailing Address **2 BRIDLE CT**

City **OYSTER BAY** State **NY** Zip Code **11771**

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

Name of Employer **SELF** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : SA11AI.4921**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

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

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

**1100.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VIRGINIA M DITTKO**

Mailing Address 109 BUCKET LANE

City State Zip Code  
LEVITTOWN NY 11756

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL RN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : SA11AI.4923**

Amount of Each Receipt this Period  
 350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EILEEN DUNNE**

Mailing Address 31 HASTINGS RD

City State Zip Code  
MASSAPEQUA NY 11758

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL FINANCE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2016

**Transaction ID : SA11AI.5115**

Amount of Each Receipt this Period  
 350.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT ENRIGHT**

Mailing Address 140 NASSAU ROAD

City State Zip Code  
MASSAPEQUA NY 11758

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL LIAISON

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2016

**Transaction ID : SA11AI.5133**

Amount of Each Receipt this Period  
 350.00

Memo Item  
CONTRIBUTION

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 15 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY T GAMBINO**

Mailing Address 17 PLOVER LANE

City State Zip Code  
LLOYD HARBOR NY 11743

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : SA11AI.4927**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SAM GEDULDIG**

Mailing Address 1101 K STREET NW  
SUITE 650

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation  
GLARK GEDULDIG CRANFORD & NIEL PARTNER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : SA11AI.4929**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JEFF GEFFKEN**

Mailing Address 380 EAST MAIN STREET

City State Zip Code  
CENTERPORT NY 11721

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : SA11AI.4931**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

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

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

1600.00

**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 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AL GLOVER**

Mailing Address 17 ROWSEN LANE

City State Zip Code  
SCOTCH PLAINS NJ 07076

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ADMINISTRATOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : SA11AI.5297**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID GOLDFARB**

Mailing Address 6001 NORTH OCEAN DRIVE  
APT 1205

City State Zip Code  
HOLLYWOOD FL 33019

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4935**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LAURENCE GOLDFARB**

Mailing Address 11 GRACE AVENUE, SUITE 405

City State Zip Code  
GREAT NECK NY 11021

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

Name of Employer Occupation  
LAURAND ASSOCIATES, INC COMMODITIES

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 29 / 2016

**Transaction ID : SA11AI.5066**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

3300.00

**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 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARC GOLDFARB**

Mailing Address 330 WEST 58TH STREET

City State Zip Code  
NEW YORK NY 10019

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

Name of Employer Occupation  
GOLDFARB PROPERTIES EXECUTIVE

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4939**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHELLE GOLDFARB**

Mailing Address 330 WEST 58TH STREET

City State Zip Code  
NEW YORK NY 10019

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

Name of Employer Occupation  
ST. CATHERINE OF SIENA MEDICAL CENTER VP OF QUALITY & PATIENT SAFETY

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4937**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SHIRLEY GOLDFARB**

Mailing Address 6001 NORTH OCEAN DRIVE  
APT 1205

City State Zip Code  
HOLLYWOOD FL 33019

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4933**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

8100.00

**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 18 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARY ANN GRIFFIN**

Mailing Address 470 WELLINGTON RD

City State Zip Code  
MINEOLA NY 11501

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.5085**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FRAN GUTLEBER**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
SELF FITNESS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4944**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRAN GUTLEBER**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
SELF FITNESS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4945**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

5900.00

**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 19 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN GUTLEBER**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
CASTAGNA REALTY PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4941**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN GUTLEBER**

Mailing Address 2110 NORTHERN BLVD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
CASTAGNA REALTY PRESIDENT/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4942**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ALBERT HEGYI**

Mailing Address 245 PARK AVE 39TH FL  
C/O WILLIAM BURTON

City State Zip Code  
NEW YORK NY 10167

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

Name of Employer Occupation  
1ST FINANCIAL BANK USA BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.5287**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

8100.00

**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 20 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALBERT HEGYI**

Mailing Address **245 PARK AVE 39TH FL**  
**C/O WILLIAM BURTON**

City **NEW YORK** State **NY** Zip Code **10167**

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

Name of Employer **1ST FINANCIAL BANK USA** Occupation **BANKER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : SA11AI.5288**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JONATHAN HUZARSKY**

Mailing Address **3 ROLLING HILL RD**

City **OLD WESTBURY** State **NY** Zip Code **11568**

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

Name of Employer **FINANCE** Occupation **MAXIM GROUP**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : SA11AI.4949**

Amount of Each Receipt this Period  
**750.00**

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER IORIO**

Mailing Address **172 OCEAN AVE**

City **MASSAPEQUA PARK** State **NY** Zip Code **11762**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **CIO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 07 / 2016**

**Transaction ID : SA11AI.5113**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
CONTRIBUTION

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

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

**3700.00**

**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 21 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES JOYCE**

Mailing Address PO BOX 483

City: **WELLSVILLE** State: **NY** Zip Code: **11895**

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

Name of Employer: **OTIS EASTERN SOURCE LLC** Occupation: **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2700.00**

Date of Receipt: **06 / 08 / 2016**

**Transaction ID : SA11AI.5290**

Amount of Each Receipt this Period: **2700.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES JOYCE**

Mailing Address PO BOX 483

City: **WELLSVILLE** State: **NY** Zip Code: **11895**

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

Name of Employer: **OTIS EASTERN SOURCE LLC** Occupation: **CONTRACTOR**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **5400.00**

Date of Receipt: **06 / 08 / 2016**

**Transaction ID : SA11AI.5291**

Amount of Each Receipt this Period: **2700.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**MATTHEW J KELLY**

Mailing Address 11 FOX HUNT LANE

City: **COLD SPRING HARBOR** State: **NY** Zip Code: **11724**

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

Name of Employer: **INFORMATION REQUESTED** Occupation: **INFORMATION REQUESTED**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **250.00**

Date of Receipt: **04 / 28 / 2016**

**Transaction ID : SA11AI.4951**

Amount of Each Receipt this Period: **250.00**

Memo Item  
**CONTRIBUTION**

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

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

**5650.00**

**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 22 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA L KLEINE**

Mailing Address 109 FIG DRIVE

City State Zip Code  
DIX HILLS NY 11746

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ADMINISTRATION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4953**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHAWN M KRAUSE**

Mailing Address 3345 PARKLAND DRIVE

City State Zip Code  
WEST BLOOMFIELD MI 48322

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

Name of Employer Occupation  
QUICKEN LOANS EXECUTIVE VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

**Transaction ID : SA11AI.4955**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KEVIN LALEZARIAN**

Mailing Address 21 SPLIT ROCK DRIVE

City State Zip Code  
KINGS POINT NY 11024

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

Name of Employer Occupation  
LALEZARIAN PROPERTIES REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11AI.4957**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

5750.00

**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 23 OF 52
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>KEVIN LALEZARIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2016	
Mailing Address 21 SPLIT ROCK DRIVE		<b>Transaction ID : SA11AI.4958</b>	
City KINGS POINT	State NY	Zip Code 11024	Amount of Each Receipt this Period _____ 2700.00 <input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer LALEZARIAN PROPERTIES	Occupation REAL ESTATE		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5400.00		

Full Name (Last, First, Middle Initial) <b>NIKOLAOS LIAKONIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2016	
Mailing Address 1 HILLTOP PLACE		<b>Transaction ID : SA11AI.4960</b>	
City ALBERTSON	State NY	Zip Code 11507	Amount of Each Receipt this Period _____ 500.00 <input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer OWNER	Occupation STATION PLAZA DINER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>MARLENE M LOBATO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2016	
Mailing Address 29 PIPER DRIVE		<b>Transaction ID : SA11AI.4963</b>	
City SEARINGTON	State NY	Zip Code 11507	Amount of Each Receipt this Period _____ 200.00 <input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer WINTHROP UNIVERSITY HOSPITAL	Occupation PHYSICIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3400.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 24 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARLENE M LOBATO**

Mailing Address 29 PIPER DRIVE

City State Zip Code  
SEARINGTON NY 11507

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2850.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11A1.5306**

Amount of Each Receipt this Period  
150.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LONDON FISCHER LLP**

Mailing Address 59 MAIDEN LANE

City State Zip Code  
NEW YORK NY 10038

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

Name of Employer Occupation  
FISCHER LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11A1.5004**

Amount of Each Receipt this Period  
500.00

Memo Item  
PARTNERSHIP CONTRIBUTION - SEE ATTRIBUTION BELOW

**C.** Full Name (Last, First, Middle Initial)  
**BERNARD LONDON**

Mailing Address 59 MAIDEN LANE

City State Zip Code  
NEW YORK NY 10058

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

Name of Employer Occupation  
LONDON FISCHER LLP ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11A1.5004.0**

Amount of Each Receipt this Period  
500.00

Memo Item  
PARTNERSHIP ATTRIBUTION

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

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

650.00

**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 25 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN MACEDO**

Mailing Address 115 WASHINGTON AVE.

City State Zip Code  
MINEOLA NY 11501

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : SA11AI.5070**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID S MACK**

Mailing Address 2115 LINWOOD AVE

City State Zip Code  
FORT LEE NJ 07024

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.5301**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT MCBRIDE**

Mailing Address 50 CHARLES LINDBERGH BLVD

City State Zip Code  
UNIONDALE NY 11553

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

Name of Employer Occupation  
PARK STRATEGIES SENIOR VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4969**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

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

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

3100.00

**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 26 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RAJENDRA MEHTA**

Mailing Address 321 STONYTOWN RD

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

**Transaction ID : SA11AI.4971**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOSE MONTEIRO**

Mailing Address 57 WORTHINGTON RD

City State Zip Code  
WHITE PLAINS NY 11501

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

Name of Employer Occupation  
SELF AUTOMOTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 18 / 2016

**Transaction ID : SA11AI.5089**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRED NICHOLSON**

Mailing Address 38 LOCUST AVENUE

City State Zip Code  
PORT WASHINGTON NY 11050

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

Name of Employer Occupation  
CONSTRUCTION INSURANCE AGENCY LLC INSURANCE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : SA11AI.4973**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 27 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**DONALD O'SULLIVAN**

Mailing Address 575 5TH AVE  
FL 29

City State Zip Code  
NEW YORK NY 10017

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

Name of Employer Occupation  
Navillus Tile Inc. CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2016

**Transaction ID : SA11AI.4977**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PRECIOSA A OLIVEIRA**

Mailing Address 142 LAND LANE

City State Zip Code  
WESTBURY N NY 11590

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL DIRECTOR, PATIENT SERVICES

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4975**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ENRICO M PEREZ**

Mailing Address 1801 MERIKOKE AVE

City State Zip Code  
WANTAGH NY 11793

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ADMINISTRATION

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4979**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

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

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

2700.00

**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 28 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**STACEY A PFEFFER**

Mailing Address 271 AVENUE C  
APT TG

City NEW YORK State NY Zip Code 10009

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

Name of Employer WINTHROP UNIVERSITY HOSPITAL Occupation ADMINISTRATION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4981**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN PFEIFER**

Mailing Address 1456 CHAPIN AVE

City MERRICK State NY Zip Code 11566

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

Name of Employer WINTHROP UNIVERSITY HOSPITAL Occupation AVP, SUPPLY CHAIN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : SA11AI.5119**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL POLIMENI**

Mailing Address 108 BALDWIN AVENUE

City LOCUST VALLEY State NY Zip Code 11560

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

Name of Employer SKYLINE MANAGEMENT CORP Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.5143**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

3400.00

**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 29 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL POLIMENI**

Mailing Address 108 BALDWIN AVENUE

City State Zip Code  
LOCUST VALLEY NY 11560

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

Name of Employer Occupation  
SKYLINE MANAGEMENT CORP CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.5283**

Amount of Each Receipt this Period  
2300.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL F PUNTILLO**

Mailing Address 277 NORTHERN BLVD

City State Zip Code  
GREAT NECK NY 11021

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

Name of Employer Occupation  
THE JABCO ORGANIZATION REAL ESTATE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4983**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH QUATELA**

Mailing Address 888 VETERNS MEMORIAL PKWY  
SUITE 530

City State Zip Code  
HAUPPAUGE NY 11788

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

Name of Employer Occupation  
QUATELA HARGRAVES & CHIMERI ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4985**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

4300.00

**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 30 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PHILIP RAGNO**

Mailing Address **4 TAPPENTOWN LANE**

City **BROOKVILLE** State **NY** Zip Code **11545**

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

Name of Employer **ISLAND WIDE MEDICAL ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2016**

**Transaction ID : SA11AI.4986**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT REICHENBACH**

Mailing Address **135 HAVEN AVE**

City **PORT WASHINGTON** State **NY** Zip Code **11050**

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

Name of Employer **PRESIDENT/CEO** Occupation **BIRD BUS SALES**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2016**

**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**TIMOTHY REILLY**

Mailing Address **78 LITCHFIELD AVE**

City **BABYLON** State **NY** Zip Code **11702**

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

Name of Employer **WINTHROP UNIVERSITY HOSPITAL** Occupation **ADMINISTRATION**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 13 / 2016**

**Transaction ID : SA11AI.4990**

Amount of Each Receipt this Period  
**350.00**

Memo Item  
**CONTRIBUTION**

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

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

**1850.00**

**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 31 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**RITA E ROBERTS**

Mailing Address 61 HOFFMAN STREET

City State Zip Code  
FRANKLIN SQUARE NY 11010

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ADMINISTRATION

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4992**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RUSSELL ROSENTHAL**

Mailing Address 1233 BEECH STREET  
UNIT 16

City State Zip Code  
ATLANTIC BEACH NY 11509

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4994**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR SCHWARTZ**

Mailing Address 610 WEST 42ND STREET  
20E

City State Zip Code  
NEW YORK NY 10036

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

Name of Employer Occupation  
AXIUM ADVISORS LLC CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 26 / 2016

**Transaction ID : SA11AI.5076**

Amount of Each Receipt this Period  
2700.00

Memo Item  
CONTRIBUTION

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

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

4200.00

**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 32 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JANET SHEHATA**

Mailing Address 115 WOODBURY ROAD

City State Zip Code  
HAUPPAUGE NY 11788

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL RN DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : SA11A1.5125**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANGELICA SMITH**

Mailing Address 14 HILLTOP AVENUE

City State Zip Code  
BETHPAGE NY 11714

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL ACCOUNTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : SA11A1.5109**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SOLOMON TORRES**

Mailing Address 19 EDGEWOD ROAD

City State Zip Code  
HARTSDALE NY 10530

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL HEALTHCARE EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

**Transaction ID : SA11A1.5131**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

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

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

750.00

**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 33 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**JOAN TRENKLE**

Mailing Address 7 MAX WAY

City State Zip Code  
COMMACK NY 11725

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL RN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.4996**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN VALENTE**

Mailing Address 366 MINEOLA BLVD

City State Zip Code  
MINEOLA NY 11501

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

Name of Employer Occupation  
VALENTE CONTRACTING CORP OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 29 / 2016

**Transaction ID : SA11AI.5064**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL VESSA**

Mailing Address 225 DICKSON CIR

City State Zip Code  
EAST WILLISTON NY 11596

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

Name of Employer Occupation  
THE LAW OFFICES OF VESSA & WILENSKY ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.4998**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 34 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KARIN WEISENBERGER**

Mailing Address 49 HORN LANE

City State Zip Code  
LEVITTOWN NY 11756

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL HR

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.5000**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN WIRTH**

Mailing Address 2339 HEMPSTEAD TURNPIKE

City State Zip Code  
EAST MEADOW NY 11554

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL PHYSICAL THERAPIST

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 14 / 2016

**Transaction ID : SA11AI.5091**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELIZABETH J ZEBROSKI**

Mailing Address 56 WILLET AVE

City State Zip Code  
HICKSVILLE NY 11801

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

Name of Employer Occupation  
WINTHROP UNIVERSITY HOSPITAL DIRECTOR, PT REL

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2016

**Transaction ID : SA11AI.5002**

Amount of Each Receipt this Period  
350.00

Memo Item  
CONTRIBUTION

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

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

1050.00

98550.00

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

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

FOR LINE NUMBER: PAGE 35 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND**

Mailing Address P.O. BOX 66

City State Zip Code  
DAIA BEACH FL 33004

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11C.5006**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICANS NATIONWIDE DEDICATED TO ELECTING REPUBLICANS PAC**

Mailing Address 831 LINWOOD COURT

City State Zip Code  
BIRMINGHAM AL 35222

FEC ID number of contributing federal political committee. **C C00375378**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11C.5249**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS**

Mailing Address 1125 17TH ST, NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : SA11C.5008**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

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

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

9000.00

**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 36 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**LIUNA BUILDING AMERICA**

Mailing Address 905 16TH STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C00568964**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11C.5248**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (NECAPAC)**

Mailing Address 3 BETHESDA METRO CENTER  
SUITE 1100

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : SA11C.5010**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00459123**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2016

**Transaction ID : SA11C.5012**

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

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

7500.00

**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 37 OF 52
	<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)  
**MARTINS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**PECKHAM INDUSTRIES, INC. FEDERAL PAC**

Mailing Address 20 HAARLEM AVENUE

City State Zip Code  
WHITE PLAINS NY 10603

FEC ID number of contributing federal political committee. **C C00343681**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : SA11C.5014**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETE KING FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1428

City State Zip Code  
SEAFORD NY 11783

FEC ID number of contributing federal political committee. **C C00272211**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

**Transaction ID : SA11C.5251**

Amount of Each Receipt this Period  
2000.00

Memo Item  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PETE KING FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1428

City State Zip Code  
SEAFORD NY 11783

FEC ID number of contributing federal political committee. **C C00272211**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

**Transaction ID : SA11C.5252**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 38 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

**A.** Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00388819

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2016

**Transaction ID : SA11C.5016**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PAC**

**B.** Mailing Address 325 7TH ST NW STE 610

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : SA11C.5018**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**REYNOLDS FOR CONGRESS**

**C.** Mailing Address PO BOX 15388

City State Zip Code  
ROCHESTER NY 14615

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : SA11C.5308**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 52  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**MARTINS FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City State Zip Code  
CHANTILLY VA 20151

FEC ID number of contributing federal political committee. **C** C00013961

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 28 2016

Transaction ID : SA11C.5020

Amount of Each Receipt this Period  
 2500.00

Memo Item  
CONTRIBUTION

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

Memo Item

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

Memo Item

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

2500.00

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

29000.00

**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 40 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 269 HILLSIDE REALTY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 269 HILLSIDE AVE		Amount of Each Disbursement this Period 3000.00
City WILLISTON PARK	State NY	
Zip Code 11596	Purpose of Disbursement RENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5148</b>
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) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 1035.07
City NEWARK	State NJ	
Zip Code 07101	Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO BELOW	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5149</b>
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) <b>C. EXPEDIA INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 333 108TH AVE		Amount of Each Disbursement this Period 496.20
City BELLEVUE	State WA	
Zip Code 98004	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.5149.1</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4035.07
<b>TOTAL</b> 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 41 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 942 S SHADY GROVE ROAD		Amount of Each Disbursement this Period 26.75
City MEMPHIS	State TN	
Zip Code 38119	Purpose of Disbursement DELIVERY SERVICE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	<b>Transaction ID : SB17.5149.7</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EXPEDIA INC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016
Mailing Address 333 108TH AVE		Amount of Each Disbursement this Period 283.20
City BELLEVUE	State WA	
Zip Code 98004	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	<b>Transaction ID : SB17.5149.8</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 942 S SHADY GROVE ROAD		Amount of Each Disbursement this Period 32.33
City MEMPHIS	State TN	
Zip Code 38119	Purpose of Disbursement DELIVERY SERVICE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	<b>Transaction ID : SB17.5149.9</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 42 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address PO BOX 1270			Amount of Each Disbursement this Period 1640.99	
City NEWARK	State NJ	Zip Code 07101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PAYMENT - SEE MEMO BELOW			Transaction ID : <b>SB17.5151</b>	
Candidate Name			Category/Type	
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) <b>B. FAIRFIELD INN &amp; SUITES</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016	
Mailing Address 10400 FERNWOOD ROAD			Amount of Each Disbursement this Period 388.16	
City BETHESDA	State MD	Zip Code 20817	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement TRAVEL			Transaction ID : <b>SB17.5151.0</b>	
Candidate Name			Category/Type	
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) <b>C. FEDEX</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 942 S SHADY GROVE ROAD			Amount of Each Disbursement this Period 32.33	
City MEMPHIS	State TN	Zip Code 38119	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement DELIVERY SERVICE			Transaction ID : <b>SB17.5151.1</b>	
Candidate Name			Category/Type	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1640.99
<b>TOTAL</b> 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 43 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2016</b>
Mailing Address <b>942 S SHADY GROVE ROAD</b>		Amount of Each Disbursement this Period <b>66.94</b>
City <b>MEMPHIS</b> State <b>TN</b> Zip Code <b>38119</b>	Purpose of Disbursement <b>DELIVERY SERVICE</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.2</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2016</b>
Mailing Address <b>500 STAPLES DRIVE</b>		Amount of Each Disbursement this Period <b>308.07</b>
City <b>FRAMINGHAM</b> State <b>MA</b> Zip Code <b>01702</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.4</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 25 / 2016</b>
Mailing Address <b>500 STAPLES DRIVE</b>		Amount of Each Disbursement this Period <b>325.86</b>
City <b>FRAMINGHAM</b> State <b>MA</b> Zip Code <b>01702</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.5</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> 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 44 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 942 S SHADY GROVE ROAD		Amount of Each Disbursement this Period 152.57
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY SERVICE	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.8</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2016
Mailing Address 942 S SHADY GROVE ROAD		Amount of Each Disbursement this Period 27.08
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement PRINTING	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.9</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 942 S SHADY GROVE ROAD		Amount of Each Disbursement this Period 117.28
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement DELIVERY SERVICE	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.12</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 45 OF 52			
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 942 S SHADY GROVE ROAD		Amount of Each Disbursement this Period 7.72
City MEMPHIS State TN Zip Code 38119	Purpose of Disbursement PRINTING	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.14</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address 500 STAPLES DRIVE		Amount of Each Disbursement this Period 78.87
City FRAMINGHAM State MA Zip Code 01702	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5151.16</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CROSBY OTTENHOFF GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 611 PENNSYLVANIA AVE #267		Amount of Each Disbursement this Period 2326.73
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5154</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2326.73
<b>TOTAL</b> 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 46 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DAVENPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 70 MAIN STREET		Amount of Each Disbursement this Period 771.86
City MINEOLA	State NY	
Zip Code 11501	Purpose of Disbursement CATERING/FACILITY RENTAL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5155</b>
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) <b>B. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 250.00
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement MEDIA	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5157</b>
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) <b>C. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 3581.50
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement WEB SERVICE	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.5158</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4603.36
<b>TOTAL</b> 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 47 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 4009.00
City ALEXANDRIA State VA Zip Code 22314	Category/Type	
Purpose of Disbursement WEB SERVICE		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.5159</b>
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) <b>B. IMGE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 108 SOUTH WASHINGTON 3RD FLOOR		Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA State VA Zip Code 22314	Category/Type	
Purpose of Disbursement MEDIA		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.5161</b>
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) <b>C. ADAM LORENTZEN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address PO BOX 12		Amount of Each Disbursement this Period 5000.00
City WILLISTON PARK State NY Zip Code 11596	Category/Type	
Purpose of Disbursement CAMPAIGN MANAGEMENT CONSULTING		<input type="checkbox"/> Memo Item
Candidate Name		<b>Transaction ID : SB17.5162</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14009.00
<b>TOTAL</b> 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 48 OF 52			
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADAM LORENTZEN</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016		
Mailing Address PO BOX 12			Amount of Each Disbursement this Period 155.43		
City WILLISTON PARK		State NY	Zip Code 11596		Category/ Type
Purpose of Disbursement SEE BELOW					
Candidate Name			Memo Item <input type="checkbox"/>		
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:		Transaction ID : <b>SB17.5164</b>			

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016		
Mailing Address 500 STAPLES DRIVE			Amount of Each Disbursement this Period 13.27		
City FRAMINGHAM		State MA	Zip Code 01702		Category/ Type
Purpose of Disbursement OFFICE SUPPLIES					
Candidate Name			Memo Item <input checked="" type="checkbox"/>		
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:		Transaction ID : <b>SB17.5164.3</b>			

Full Name (Last, First, Middle Initial) <b>C. STAPLES</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2016		
Mailing Address 500 STAPLES DRIVE			Amount of Each Disbursement this Period 19.99		
City FRAMINGHAM		State MA	Zip Code 01702		Category/ Type
Purpose of Disbursement OFFICE SUPPLIES					
Candidate Name			Memo Item <input checked="" type="checkbox"/>		
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:		Transaction ID : <b>SB17.5164.4</b>			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155.43
<b>TOTAL</b> 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 49 OF 52			
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADAM LORENTZEN</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016		
Mailing Address PO BOX 12			Amount of Each Disbursement this Period 5000.00		
City WILLISTON PARK	State NY	Zip Code 11596	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5165</b>		
Purpose of Disbursement CAMPAIGN MANAGEMENT CONSULTING		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) <b>B. ADAM LORENTZEN</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016		
Mailing Address PO BOX 12			Amount of Each Disbursement this Period 5000.00		
City WILLISTON PARK	State NY	Zip Code 11596	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5166</b>		
Purpose of Disbursement CAMPAIGN MANAGEMENT CONSULTING		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) <b>C. NYS INDEPENDENCE PARY</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016		
Mailing Address			Amount of Each Disbursement this Period 500.00		
City	State	Zip Code	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.5167</b>		
Purpose of Disbursement REGISTRATION FEE		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10500.00
<b>TOTAL</b> 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 50 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. QUEENS VICTORY FUND</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016	
Mailing Address 6 BEACH 219 STREET			Amount of Each Disbursement this Period 250.00	
City ROCKAWAY POINT	State NY	Zip Code 11697	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REGISTRATION FEE		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.5169</b>		
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) <b>B. SINNREICH KOSAKOFF &amp; MESSINA LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016	
Mailing Address 687 CARLETON AVENUE SUITE 301			Amount of Each Disbursement this Period 2500.00	
City CENTRAL ISLIP	State NY	Zip Code 11722	Memo Item <input type="checkbox"/>	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.5171</b>		
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) <b>C. STRIPE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016	
Mailing Address 3180 18TH STREET			Amount of Each Disbursement this Period 808.21	
City SAN FRANCISCO	State CA	Zip Code 94110	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.5187</b>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3558.21
<b>TOTAL</b> 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 51 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 359.06
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5194</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. STRIPE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 3180 18TH STREET		Amount of Each Disbursement this Period 26.36
City SAN FRANCISCO State CA Zip Code 94110	Purpose of Disbursement CREDIT CARD PROCESSING FEE	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5207</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. THEODORE WELCH</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address PO BOX 12		Amount of Each Disbursement this Period 3000.00
City WILLISTON State NY Zip Code 11596	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SERVICE	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5200</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3385.42
<b>TOTAL</b> 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 52 OF 52	
	<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)  
**MARTINS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THEODORE WELCH</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2016
Mailing Address PO BOX 12		Amount of Each Disbursement this Period 3000.00
City WILLISTON State NY Zip Code 11596	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SERVICE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5201</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. THEODORE WELCH</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address PO BOX 12		Amount of Each Disbursement this Period 3000.00
City WILLISTON State NY Zip Code 11596	Purpose of Disbursement OFFICE MANAGEMENT CONSULTING SERVICE	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.5202</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	50214.21