

# 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

Blakeman 2014 Inc.

ADDRESS (number and street)

108 S. Franklin Avenue

Suite 1

Check if different than previously reported. (ACC)

Valley Stream

NY

11580

2. FEC IDENTIFICATION NUMBER ▼

C C00558189

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NY

04

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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Vincent DeVito

Signature of Treasurer Vincent DeVito

[Electronically Filed]

Date

/  /

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

Write or Type Committee Name  
**Blakeman 2014 Inc.**

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))....	84869.64	689683.76
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	84869.64	689483.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	571222.47	1640002.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	571222.47	1640002.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	50417.04	
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).....	1015000.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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

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

Write or Type Committee Name

Blakeman 2014 Inc.

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

I. RECEIPTS

COLUMN A Total this Period

COLUMN B Election Cycle Total as of

COLUMN C Total for

11 / 04 / 2014 (date of general election)

11 / 05 / 2014 (date after general election)

through

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

11. CONTRIBUTIONS

(other than loans) FROM:

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

79449.00

610624.12

1500.00

(ii) Unitemized

1840.00

48529.00

0.00

(iii) Total of contributions from individuals

81289.00

659153.12

1500.00

(b) Political Party Committees

0.00

8500.00

0.00

(c) Other Political Committees

3580.64

22030.64

0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
84869.64	689683.76	1500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
340000.00	1040000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
340000.00	1040000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
424869.64	1729683.76	1500.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 46

Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period: From:   /   /   To:   /   /  **II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="571222.47"/>	<input type="text" value="1640002.81"/>	<input type="text" value="15563.91"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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

0.00	0.00	0.00
------	------	------

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

0.00	200.00	0.00
------	--------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

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

571222.47	1665202.81	15563.91
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### III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

84869.64	689483.76	1500.00
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### IV. NET OPERATING EXPENDITURES

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

571222.47	164002.81	15563.91
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### V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	196769.87
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	424869.64
25. SUBTOTAL (add Line 23 and Line 24).....	621639.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	571222.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	50417.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 46
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. S. Alois</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 1176 Palermo Court		<b>Transaction ID : SA11AI.7894</b>	
City Franklin Square	State NY	Zip Code 11010	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Five Star Electric	Occupation Project Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 625.00		

Full Name (Last, First, Middle Initial) <b>B. Edward Ambrosino</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 1425 Rexcorp Plaza Clenn Curtiss Blvd.		<b>Transaction ID : SA11AI.7763</b>	
City Uniondale	State NY	Zip Code 11556	Amount of Each Receipt this Period _____ 2000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Ruskin Moscou Faltichck	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2850.00		

Full Name (Last, First, Middle Initial) <b>C. Frank Berkowitz</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 240 Broadway		<b>Transaction ID : SA11AI.7736</b>	
City Lawrence	State NY	Zip Code 11559	Amount of Each Receipt this Period _____ 5000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 7500.00
<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: (check only one)	PAGE 8 OF 46
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>Brad Blumenfeld</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2 E. End Avenue		<b>Transaction ID : SA11AI.7804</b>
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>David Blumenfeld</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 300 Robbins Lane		<b>Transaction ID : SA11AI.7806</b>
City Syosset	State NY	Zip Code 11791
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Edward Blumenfeld</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 300 Robbins Lane		<b>Transaction ID : SA11AI.7866</b>
City Syosset	State NY	Zip Code 11791
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Requested Blumenfeld Development Group	Occupation Requested Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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: (check only one)	PAGE 9 OF 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Dorothy Breslin**

Mailing Address 500 Old Country Road

City State Zip Code  
Garden City NY 11530

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

Name of Employer Occupation  
Breslin Realty Development Gro Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA11AI.7723**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Henry M. Buhl**

Mailing Address 114 Greene Street - 5th Floor

City State Zip Code  
New York NY 10012

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

Name of Employer Occupation  
Association of Community Emplo senior staff member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.7385**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**John D. Cameron Jr.**

Mailing Address 59 Royal Ct.

City State Zip Code  
Rockville Centre NY 11570

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

Name of Employer Occupation  
Cameron Engineering Professional Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.7715**

Amount of Each Receipt this Period  
1000.00

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

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

4600.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick Cassino**

Mailing Address 3333 Sunrise Hwy.

City State Zip Code  
Wantagh NY 11793

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

Name of Employer Occupation  
Sun-Buick GMC New Car Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11AI.7399**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ben Chouake**

Mailing Address PO Box 1543

City State Zip Code  
Englewood Cliffs NJ 07632

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

Name of Employer Occupation  
NORPAC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2014

**Transaction ID : SA11AI.7909**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**James Ciancarelli**

Mailing Address 203 Rockaway Avenue

City State Zip Code  
Valley Stream NY 11580

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

Name of Employer Occupation  
James D. Ciancarelli DMD Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.7845**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 46  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan Cohen**

Mailing Address 23 Farmstead Lane

City State Zip Code  
Glen Head NY 11545

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7808**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony Cornachio**

Mailing Address 100 15th Street

City State Zip Code  
New York NY 11530

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

Name of Employer Requested Occupation Requested  
Self Employed Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.7907**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Angelo Francis Corya**

Mailing Address 1 Duke of Gloucester

City State Zip Code  
Manhasset NY 11000

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

Name of Employer Requested Occupation Requested  
Self Employed Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.7726**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Margaret A. Cremins**

Mailing Address 77 Mountain Ave.

City Larchmont State NY Zip Code 10538

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.7738**

Amount of Each Receipt this Period  
 5200.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Cumming**

Mailing Address 63 Wellington Road

City Garden City State NY Zip Code 11530

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

Name of Employer Requested Nassau County Occupation Requested IT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.7368**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Audrey J. D'Amato**

Mailing Address 200 Highwood Circle

City Oyster Bay Cover State NY Zip Code 11771

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.7773**

Amount of Each Receipt this Period  
 1000.00

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

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

7200.00

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

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

FOR LINE NUMBER: PAGE 13 OF 46  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Cathy Dalzell**

Mailing Address 1614 E. Curry Road

City State Zip Code  
Tempe AZ 85281

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

Name of Employer Occupation  
Valley Rain Construction Co. Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.7782**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Davidsohn**

Mailing Address 40 Central Park South

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Davidsohn Global CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.7768**

Amount of Each Receipt this Period  
1800.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert Denholtz**

Mailing Address 9 Lockhern Drive

City State Zip Code  
Livingston NJ 07039

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.7960**

Amount of Each Receipt this Period  
250.00

**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 14 OF 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Entel**

Mailing Address 235 Fox Hollow Road

City Woodbury State NY Zip Code 11797

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11A1.7904**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Epifania**

Mailing Address 46 Bethany Drive

City Commack State NY Zip Code 11725

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

Name of Employer Requested Nelson & Pope Occupation Requested Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11A1.7711**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mike Feinberg**

Mailing Address 1814 Yale Road

City Merrick State NY Zip Code 11566

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11A1.7814**

Amount of Each Receipt this Period  
500.00

**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 15 OF 46  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Salvatore Ferrara**

Mailing Address 601 Howard Avenue

City State Zip Code  
West Hempstead NY 11552

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 17 2014

**Transaction ID : SA11AI.7802**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Ferretti**

Mailing Address 801 Motor Parkway

City State Zip Code  
Hauouoage NY 11788

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

Name of Employer Requested Occupation Requested  
Cashin Spinelli & Ferretti Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 24 2014

**Transaction ID : SA11AI.7752**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey D. Forchelli Esq.**

Mailing Address 5 Danton Lane South

City State Zip Code  
Lattingtown NY 11560

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 24 2014

**Transaction ID : SA11AI.7741**

Amount of Each Receipt this Period  
 2000.00

Amount of Each Receipt this Period  
 2000.00

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

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

3200.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Gordon Fox**

Mailing Address 43 Wilson Street

City East Rockaway State NY Zip Code 11518

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.7841**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Elaine Friedman**

Mailing Address 3000 Marcus Ave.

City Lake Success State NY Zip Code 11042

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

Name of Employer Requested Occupation Requested  
 homemaker homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.7786**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Zachary Gerut**

Mailing Address 1245 Colonial Road

City Hewlett State NY Zip Code 11557

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

Name of Employer Requested Occupation Requested  
 Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.7750**

Amount of Each Receipt this Period  
 1000.00

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

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

4100.00



**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 17 OF 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Zachary Gerut**

Mailing Address 1245 Colonial Road

City State Zip Code  
Hewlett NY 11557

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

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

**Transaction ID : SA11AI.7793**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Zachary Gerut**

Mailing Address 1245 Colonial Road

City State Zip Code  
Hewlett NY 11557

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

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

**Transaction ID : SA11AI.7883**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Anthony Gioia**

Mailing Address 925 Delaware Ave.

City State Zip Code  
Buffalo NY 14209

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

Name of Employer Occupation  
Cello-Pack Corp. Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.7789**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 46  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Philip F. Goehring Jr.**

Mailing Address 1106 Elizabeth Street

City State Zip Code  
Baldwin NY 11510

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

Name of Employer Occupation  
Electrical Inspectors, Inc. VP/Chief Electrical Inspector

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 23 2014

**Transaction ID : SA11A1.7717**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Christine Heid**

Mailing Address 20 Wilkshire Circle

City State Zip Code  
North Hills NY 11030

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 17 2014

**Transaction ID : SA11A1.7381**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Milton Heid**

Mailing Address 20 Wilkshire Circle

City State Zip Code  
North Hills NY 11030

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

Name of Employer Occupation  
Stile Association President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 17 2014

**Transaction ID : SA11A1.7376**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Christopher C. Hein**

Mailing Address 2004 Midlane South

City Muttontown State NY Zip Code 11791

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

Name of Employer Requested Occupation American Recycling

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.7397**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**A. Allan Hyman**

Mailing Address 28 Cedar Lane

City Sands Point State NY Zip Code 11050

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.7840**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**David Kaplan**

Mailing Address 23 Woodgreen Lane

City East Hills State NY Zip Code 11577

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7810**

Amount of Each Receipt this Period  
500.00

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

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

3000.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Sean King**

Mailing Address 16 West 19 Street

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Anthony D. Capetola Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7882**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Erin King Sweeney**

Mailing Address 3644 Island Road

City State Zip Code  
Wantagh NY 11793

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

Name of Employer Occupation  
Self Employed Attorney/Ins. Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7880**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Steven Krieger**

Mailing Address 67 Clinton Road

City State Zip Code  
Garden City NY 11530

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

Name of Employer Occupation  
The Engel Burman Group Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2014

**Transaction ID : SA11AI.7910**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 46  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Stanley Levine**

Mailing Address 100 Quentin Roosevelt Blvd

City State Zip Code  
Garden City NY 11530

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.7801**

Amount of Each Receipt this Period  
 449.00

**B.** Full Name (Last, First, Middle Initial)  
**Cornelius Lynch, Jr.**

Mailing Address 601 Washington Boulevard

City State Zip Code  
Long Beach NY 11561

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

Name of Employer Disabled Occupation Disabled

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.7824**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Lynch**

Mailing Address 601 Washington Boulevard

City State Zip Code  
Long Beach NY 11561

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

Name of Employer Occupation  
Port Authority of NY and NJ Police Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.7826**

Amount of Each Receipt this Period  
 400.00

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

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

1099.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Tami Mack**

Mailing Address 960 Park Avenue

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Housewife Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.7374**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**John T. Magliocco**

Mailing Address 76 Biltmore Ave  
Apt. 437

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Bulldog Ventures, Ltd. Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.7389**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Marciano**

Mailing Address 686 Burnside Avenue

City State Zip Code  
Inwood NY 11096

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

Name of Employer Occupation  
Burnside Collision Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11AI.7766**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Bryan Monette**

Mailing Address 11 Michigan Avenue

City Massapequa State NY Zip Code 11758

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.7900**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Denis Monette**

Mailing Address 18 Jomarr Court

City Massapequa State NY Zip Code 11758

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.7902**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jack Rosen**

Mailing Address 18 E. 85 St,

City New York State NY Zip Code 10028

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

Name of Employer Requested Occupation Requested  
 Rosen Partners Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.7748**

Amount of Each Receipt this Period  
 1000.00

**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: (check only one)	PAGE 24 OF 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**David Rubinstein**

Mailing Address 1075 55th Street

City State Zip Code  
Brooklyn NY 11204

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.7732**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Santinelli**

Mailing Address 36 Bucknell Drive

City State Zip Code  
Plainview NY 11803

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

Name of Employer Requested Occupation Requested  
Santinelli Int'l Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.7832**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Schlissel**

Mailing Address 200 Garden City Plaza Suite 301

City State Zip Code  
Garden City NY 11530

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

Name of Employer Requested Occupation Requested  
Schlissel, Ostrow & Karabatos Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.7849**

Amount of Each Receipt this Period  
300.00

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

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

5600.00



**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Ann Schockett**

Mailing Address 930 Browsers Point Bridge

City Woodmere State NY Zip Code 11598

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

Name of Employer Employer Occupation Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.7865**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerome Selke**

Mailing Address 192 Dorchester Road

City Garden City State NY Zip Code 11530

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

Name of Employer Nassau County Legislature Occupation Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.7898**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel Senor**

Mailing Address 529 Fifth Avenue

City New York State NY Zip Code 10017

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.7795**

Amount of Each Receipt this Period  
1000.00

**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: (check only one)	PAGE 26 OF 46
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. Michael Setzer</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 811 Foxvalley Court		<b>Transaction ID : SA11AI.7857</b>
City Cincinnati	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Larry Siedlick</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 441 Hempstead Ave		<b>Transaction ID : SA11AI.7778</b>
City ., Rockville Centre	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer ARx Group	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Audrey Silverstein</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address P. O. Box 2		<b>Transaction ID : SA11AI.7905</b>
City Merion	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4750.00
<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: (check only one)	PAGE 27 OF 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Bryan Skarlatos**

Mailing Address 167 Harbor Road

City State Zip Code  
Sands Point NY 11050

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.7851**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Valenti**

Mailing Address 45 Red Road

City State Zip Code  
Chatham NJ 07928

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

Name of Employer Requested Occupation Requested  
Valenti Synergy Colsulting LLC Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.7799**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Hal Waldman**

Mailing Address 401 W. Beech Street

City State Zip Code  
Long Beach NY 11561

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.7830**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. Mark P. Weingarten</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2 Wright Drive		<b>Transaction ID : SA11AI.7720</b>
City Colden Bridge	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Deldello Donnelly	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>B. John C. Whitehead</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 666 5th Avenue		<b>Transaction ID : SA11AI.7392</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Retired	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>C. Barry Yampol</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 19667 Turnberry Way		<b>Transaction ID : SA11AI.7893</b>
City Aventura	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Azurite Corp, Ltd.	Occupation CEO/President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	79449.00

**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 46
	<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)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**BOLTON FOR CONGRESS COMMITTEE**

Mailing Address 810 FLANNERS COURT

City SPRING State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C** C00396622

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2580.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11C.7708**

Amount of Each Receipt this Period  
2580.64

**B.** Full Name (Last, First, Middle Initial)  
**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.7756**

Amount of Each Receipt this Period  
1000.00

**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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

3580.64

3580.64

**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 46
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce A Blakeman**

Mailing Address 770 Shore Road  
Unit A

City Long Beach State NY Zip Code 11561

FEC ID number of contributing federal political committee. **C H4NY04091**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2014

**Transaction ID : SA13A.7697**

Amount of Each Receipt this Period  
250000.00  
loan to campaign

**B.** Full Name (Last, First, Middle Initial)  
**Bruce A Blakeman**

Mailing Address 770 Shore Road  
Unit A

City Long Beach State NY Zip Code 11561

FEC ID number of contributing federal political committee. **C H4NY04091**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA13A.7760**

Amount of Each Receipt this Period  
50000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bruce A Blakeman**

Mailing Address 770 Shore Road  
Unit A

City Long Beach State NY Zip Code 11561

FEC ID number of contributing federal political committee. **C H4NY04091**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340000.00

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

**Transaction ID : SA13A.7776**

Amount of Each Receipt this Period  
40000.00

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

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

340000.00

340000.00

**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 31 OF 46	
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. American Express AXP Discount</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 407.05
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Bank Fee	Transaction ID : SB17.7948
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Beach House</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 328A Main Street		Amount of Each Disbursement this Period 6000.00
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement Video Shoot	Transaction ID : SB17.7917
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Beach House</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 328A Main Street		Amount of Each Disbursement this Period 3000.00
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement Video Shoot	Transaction ID : SB17.7932
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9407.05
<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 32 OF 46	
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. BKCD Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 515 Broadhollow Road		Amount of Each Disbursement this Period 200.60 <b>Transaction ID : SB17.7946</b>
City Mellville	State NY	
Zip Code 11747	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Bottom Line Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2076 Flatbush Avenue		Amount of Each Disbursement this Period 1031.73 <b>Transaction ID : SB17.7939</b>
City Brooklyn	State NY	
Zip Code 11234	Purpose of Disbursement Mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. CCC Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 324 West 19 St.		Amount of Each Disbursement this Period 24000.00 <b>Transaction ID : SB17.7924</b>
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement District Wide Mailings - balance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25232.33
<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 33 OF 46			
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. CCC Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 324 West 19 St.		Amount of Each Disbursement this Period 7594.12
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement District Wide Mailings - balance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CCC Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 324 West 19 St.		Amount of Each Disbursement this Period 12558.86
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Campaign mailings/signs/posters	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cushing Media Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 139 Tulip Avenue		Amount of Each Disbursement this Period 500.00
City Floral Parl	State NY	
Zip Code 11001	Purpose of Disbursement Media	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20652.98
<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 34 OF 46	
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. Judith Czak</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.7943</b>
City Valley Stream	State NY	
Zip Code 11580	Purpose of Disbursement Administrative Consulting - October	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. John McLaughlin Media Acct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 100000.00 <b>Transaction ID : SB17.7912</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. John McLaughlin Media Acct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 200000.00 <b>Transaction ID : SB17.7922</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	303000.00
<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 35 OF 46	
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. John McLaughlin Media Acct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 80000.00 <b>Transaction ID : SB17.7925</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. John McLaughlin Media Acct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 80000.00 <b>Transaction ID : SB17.7933</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. John McLaughlin Media Acct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 43331.00 <b>Transaction ID : SB17.7935</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	203331.00
<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 36 OF 46			
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. KB Strategic Group</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014		
Mailing Address 3213 Duke St., Ste 700			Amount of Each Disbursement this Period 1450.00		
City Alexandria	State VA	Zip Code 23314	Transaction ID : SB17.7938		
Purpose of Disbursement Fundraising Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

Full Name (Last, First, Middle Initial) <b>B. LaTribuna Hispana</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014		
Mailing Address PO Box 186			Amount of Each Disbursement this Period 800.00		
City Hempstead	State NY	Zip Code 11550	Transaction ID : SB17.7915		
Purpose of Disbursement Media		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

Full Name (Last, First, Middle Initial) <b>C. LMN Printing Company</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014		
Mailing Address 21 West Merrick Road			Amount of Each Disbursement this Period 1792.31		
City Valley Stream	State NY	Zip Code 11580	Transaction ID : SB17.7942		
Purpose of Disbursement Printing		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____ District: _____					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4042.31
<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 37 OF 46			
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. Nassau County Republican Com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 164 Post Avenue		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.7911</b>
City Westbury State NY Zip Code 11590	Purpose of Disbursement Event	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Proteus Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 132 Lafayette Pl.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.7952</b>
City Woodmere State NY Zip Code 11598	Purpose of Disbursement Management Consulnig - October	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 251-21 Jericho Turnpike		Amount of Each Disbursement this Period 92.84 <b>Transaction ID : SB17.7920</b>
City Bellrose State NY Zip Code 11426	Purpose of Disbursement Printer Toner	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3092.84
<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 38 OF 46		
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. TD Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		16		2014
M M	/	D D	/	Y Y Y Y								
10		16		2014								
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period										
City	State Zip Code											
Garden City	NY 11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00												
Purpose of Disbursement Bank Fee	Category/ Type	<b>Transaction ID : SB17.7913</b>										
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. TD Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		21		2014
M M	/	D D	/	Y Y Y Y								
10		21		2014								
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period										
City	State Zip Code											
Garden City	NY 11530	<table border="1"> <tr> <td>15.00</td> </tr> </table>	15.00									
15.00												
Purpose of Disbursement Bank Fee	Category/ Type	<b>Transaction ID : SB17.7921</b>										
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. TD Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	10		21		2014
M M	/	D D	/	Y Y Y Y								
10		21		2014								
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period										
City	State Zip Code											
Garden City	NY 11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00												
Purpose of Disbursement Bank Fee	Category/ Type	<b>Transaction ID : SB17.7923</b>										
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>65.00</td> </tr> </table>	65.00
65.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 39 OF 46			
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. TD Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		27		2014
M M	/	D D	/	Y Y Y Y									
10		27		2014									
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Garden City	NY	11530											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7926											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. TD Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		29		2014
M M	/	D D	/	Y Y Y Y									
10		29		2014									
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Garden City	NY	11530											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7934											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. TD Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		30		2014
M M	/	D D	/	Y Y Y Y									
10		30		2014									
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Garden City	NY	11530											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7936											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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 40 OF 46	
	<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)  
**Blakeman 2014 Inc.**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 600 Franklin Ave		Amount of Each Disbursement this Period <b>1617.00</b>
City Garden City State NY Zip Code 11530	Purpose of Disbursement Postage	
Candidate Name	Category/Type	<b>Transaction ID : SB17.7941</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	
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.</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	
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).....	<b>1617.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>570515.51</b>



**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **Blakeman 2014 Inc.** Transaction ID : **SC/10.4099**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Bruce Blakeman**  Primary  
 Mailing Address 770 Shore Road Unit A  General  
 Other (specify) ▼

City State ZIP Code  
 Long Beach NY 11561

Original Amount of Loan 100000.00	Cumulative Payment To Date 25000.00	Balance Outstanding at Close of This Period 75000.00
--------------------------------------	--	---

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M 03 / D 04 / Y 2014 M M / D D / Y Demand 3.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 75000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

Transaction ID : **SC/10.4101**

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

**[PERSONAL FUNDS]**

Election: 2014

**Bruce Blakeman**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
770 Shore Road  
Unit A

City State ZIP Code  
Long Beach NY 11561

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000.00 0.00 100000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 28 / Y 2014 M M / D D / Y Y Y Y Demand 3.00 % (apr)  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... 100000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

Transaction ID : **SC/10.5301**

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

**Bruce Blakeman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
770 Shore Road  
Unit A

City State ZIP Code  
Long Beach NY 11561

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

**TERMS**

Date Incurred: M 06 / D 30 / Y 2014  
 Date Due: M M / D D / Y Y Y Y Demand  
 Interest Rate: 3.00 % (apr)  
 Secured:  Yes  No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 500000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

Transaction ID : **SC/10.7697**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Bruce A Blakeman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
770 Shore Road  
Unit A

City State ZIP Code  
Long Beach NY 11561

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

**TERMS**

Date Incurred: M 10 / D 22 / Y 2014  
 Date Due: M / D / Y on demand  
 Interest Rate: 3.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	250000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

Transaction ID : **SC/10.7760**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Bruce A Blakeman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
770 Shore Road  
Unit A

City State ZIP Code  
Long Beach NY 11561

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
50000.00 0.00 50000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 3.00 % (apr)  Yes  No  
10 29 / 2014 on demand

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 50000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Blakeman 2014 Inc.**

Transaction ID : **SC/10.7776**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Bruce A Blakeman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
770 Shore Road  
Unit A

City State ZIP Code  
Long Beach NY 11561

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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**TERMS**

Date Incurred: M 10 / D 30 / Y 2014  
Date Due: M / D / Y on demand  
Interest Rate: 3.00 % (apr)  
Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	40000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	1015000.00

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