

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))....	89226.00	203426.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	89226.00	203426.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	160033.01	160670.42
(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)).....	160033.01	160670.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	242755.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	200000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 04 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	87325.00	201025.00
(ii) Unitemized.....	1901.00	2401.00
(iii) TOTAL of contributions from individuals ▶	89226.00	203426.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	89226.00	203426.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	89226.00	403426.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	160033.01	160670.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	160033.01	160670.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	313562.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	89226.00
25. SUBTOTAL (add Line 23 and Line 24).....	402788.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	160033.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	242755.58

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

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

FOR LINE NUMBER: PAGE 5 OF 37
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 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.

A. Full Name (Last, First, Middle Initial)
Joann Adams

Mailing Address 168 Cleveland Ave.

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period
 1125.00

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

Mailing Address 801 Pennsylvania Ave.

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
Pinnacle West Capital Corp. Vice President Federal Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.4315

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 30 Ridgewood Street

City State Zip Code
N. Valley Stream NY 11580

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

Name of Employer Occupation
Lock Law Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4305

Amount of Each Receipt this Period
 1000.00

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

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

3125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<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)
John Bach

Mailing Address 26 Chevlot Road

City Southampton State NY Zip Code 11968

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

Name of Employer The Whitmore Euros, Ltd. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 712 5th Avenue

City New York State NY Zip Code 10019

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

Name of Employer Griffon Corp. Occupation Chairman of the Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 712 5th Avenue

City New York State NY Zip Code 10019

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

Name of Employer Griffon Corp. Occupation Chairman of the Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

**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 7 OF 37
	<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)
Frank Califano Sr.

Mailing Address 19 Sherwood Gate

City Oyster Bay State NY Zip Code 11771

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

Name of Employer FJC Security Occupation Chariman of the Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Frank Califano Jr.

Mailing Address 52 Woodedge Drive

City Dix Hills State NY Zip Code 11746

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

Name of Employer FJC Security Occupation Vice Chairman of the Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 88 Rutgers Rd.

City Franklin State NY Zip Code 11596

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
 04 / 08 / 2014

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period
 2000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<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)
Daniel Cermins

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 Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
 2600.00

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

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 Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
 2400.00

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

Mailing Address 3 Gables Court

City Dix Hills State NY Zip Code 11746

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

Name of Employer Requested Occupation Requested
 National Insurance Brokerage Insurance Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
 350.00

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

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

5350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<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)
Stephen Cuchel

Mailing Address 333 Earle Ovington Blvd.

City State Zip Code
Uniondale NY 11553

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

Name of Employer Occupation
Healthplex, Inc. Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph Dippell Jr.

Mailing Address 45 Broadway, Ste 2440

City State Zip Code
New York NY 10006

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

Name of Employer Occupation
G. Joseph Dippell Jr., & Co. I Trader

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Joseph Dippell Jr.

Mailing Address 45 Broadway, Ste 2440

City State Zip Code
New York NY 10006

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

Name of Employer Occupation
G. Joseph Dippell Jr., & Co. I Trader

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 24 / 2014

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
2600.00

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

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

5450.00

**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 37
	<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)
Victor Emanuelo

Mailing Address 500 Bi-Country Blvd. - Suite 117

City Framingdale State NY Zip Code 11735

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
 500.00

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

Mailing Address 54 Willit Street

City ALbany State NY Zip Code 12210

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period
 500.00

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

Mailing Address 512 Albelarle Road

City Cedarhurst State NY Zip Code 11516

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

Name of Employer Meltzer, Oppe Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
 750.00

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 11 OF 37
	<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)
Stephen Finkel

Mailing Address 30 Bradford Lane

City State Zip Code
Bethpage NY 11714

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

Name of Employer Occupation
FJC Security Services, Inc. Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1403 Mary Smith Hill Rd.

City State Zip Code
Andes NY 13731

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

Name of Employer Occupation
Max Finkelstein, Inc. Wholesale Tire Distributer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9 Elm Court

City State Zip Code
Sands point NY 11050

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

Name of Employer Occupation
Self Restauranteur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4299

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 12 OF 37
	<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)
Michael Garcia

Mailing Address **PO Box 115**

City **Irvington** State **NY** Zip Code **10533**

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

Name of Employer **Kirkland & Ellis** Occupation **Attorney**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period
1000.00

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

Mailing Address **9111 W. 126 Street**

City **Palos Park** State **IL** Zip Code **60464**

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

Name of Employer **Self** Occupation **Podiatrist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period
2600.00

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

Mailing Address **9111 W. 126 Street**

City **Palos Park** State **IL** Zip Code **60464**

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

Name of Employer **Self** Occupation **Podiatrist**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2014

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period
2600.00

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

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

6200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<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)
John G. Hubler Jr.

Mailing Address 125 N. Park Ave.

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Self Contracting

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period
350.00

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

Mailing Address 245 E. 63 St., Apt. 35E

City State Zip Code
New York NY 10065

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.4390

Amount of Each Receipt this Period
500.00

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

Mailing Address 150 Bradley Place

City State Zip Code
Palm Beach FL 33480

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
500.00

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

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
500.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<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)
Daniel Klein

Mailing Address 16C Opland Lane

City Armonk State NY Zip Code 10504

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

Name of Employer TD Ameritrade Occupation Financial Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 23 / 2014

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 63 Fountain Avenue

City Rockville Centre State NY Zip Code 11570

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

Name of Employer Koeppel Martone & Leistman Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 142 West 57 Street

City New York State NY Zip Code 10019

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

Name of Employer L+L Holding Company LLC Occupation Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4309

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: PAGE 15 OF 37
(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)
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
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 02 / 2014

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
2500.00

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

Mailing Address 2115 Linwood Avenue

City State Zip Code
Fort Lee NJ 07024

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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2115 Linwood Avenue

City State Zip Code
Fort Lee NJ 07024

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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
2600.00

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

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

7700.00

**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 37
	<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)
Gary Melius

Mailing Address 135 West Gate Drive

City State Zip Code
Huntington NY 11743

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

Name of Employer Occupation
Onela Catering 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
 06 / 04 / 2014

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
1000.00

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

Mailing Address 370 Old Country Road

City State Zip Code
Garden City NY 11730

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

Name of Employer Occupation
The Whitmore Group Chairman & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
2600.00

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

Mailing Address 370 Old Country Road

City State Zip Code
Garden City NY 11730

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

Name of Employer Occupation
The Whitmore Group Chairman & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
2600.00

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

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

6200.00

**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 37
	<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.

A. Full Name (Last, First, Middle Initial)
Michael Mirotznik

Mailing Address 2995 Judith Drive

City State Zip Code
Bellmore NY 11560

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

Name of Employer Occupation
Mirotznik and Associates, LLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
2500.00

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

Mailing Address 175 Flamingo St.

City State Zip Code
Atlantic Beach NY 11509

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

Name of Employer Occupation
Town of Hempstead Board of App Board Member

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
500.00

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

Mailing Address 42 Woodlawn Ave.

City State Zip Code
New Rochelle NY 10804

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
2000.00

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: (check only one)	PAGE 18 OF 37
	<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) A. Richard Nasti		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2014	
Mailing Address 42 Woodlawn Ave, City State Zip Code New Rochelle NY 10804		Transaction ID : SA11AI.4345	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer H.J. Kalikow Co. LLC	Occupation Real Estate Developer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) B. Edward Pantzer		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 540 Madison Avenue City State Zip Code New York NY 10022		Transaction ID : SA11AI.4615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Pantzer Properties, Inc.	Occupation Real Estate Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) C. Edward Pantzer		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 540 Madison Avenue City State Zip Code New York NY 10022		Transaction ID : SA11AI.4616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Pantzer Properties, Inc.	Occupation Real Estate Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

SUBTOTAL of Receipts This Page (optional).....	7200.00
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: (check only one)	PAGE 19 OF 37
	<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)
Thomas Parissidi

Mailing Address 11 The Mast

City East Islip State NY Zip Code 11730

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

Name of Employer Paris Maintenance Company, Inc Occupation President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 11 The Mast

City East Islip State NY Zip Code 11730

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

Name of Employer Paris Maintenance Company, Inc Occupation President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period
 2400.00

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

Mailing Address 1 Bell Circle

City Port Jefferson State NY Zip Code 11777

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

Name of Employer Raso Realty Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 12 / 2014

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
 2500.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<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)
Mark Rosenker

Mailing Address 1626 Great Falls Street

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Transportation Safety Group President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 17 / 2014

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3 Harbor Point Drive

City State Zip Code
Northpoint NY 11768

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

Name of Employer Occupation
Santinelli International 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
 04 / 30 / 2014

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period
1000.00

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

Mailing Address 10 Maplewood Dr.

City State Zip Code
Newburgh NY 12550

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<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 Slackman

Mailing Address 100 Mozart Court

City Eastport State NY Zip Code 11941

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 15 / 2014

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4 Cove Lane

City Port Washington State NY Zip Code 11050

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

Name of Employer Self Occupation Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 999 Walt Witman Rd.

City Melville State NY Zip Code 11747

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

Name of Employer Suris & Assoc. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

**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 37
	<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) A. Harry Vonderlieth		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 47 Horse Hollow Court		Transaction ID : SA11AI.4362
City Locust Valley	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer VPH Mechanical	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) B. David Wolfson		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 139 Bulson Road		Transaction ID : SA11AI.4380
City Rockville Centre	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Schulman Lobel Wolfson Et Al.	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. E. David Woycik Jr.		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 29 Locust St.		Transaction ID : SA11AI.4287
City Carden City	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Sanders, Sanders, Block & Woyc	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL 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 23 OF 37
	<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)
Salvatore Zizza

Mailing Address 1 Gracie Square

City New York State NY Zip Code 10028

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

Name of Employer Zizzi Associates Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11Al.4374

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

500.00

87325.00

**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 24 OF 37	
	<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) A. Bee, Ready, Fishbein, Hatter & Donovan		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 170 Old Country Rd		Amount of Each Disbursement this Period 7349.06 Transaction ID : SB17.4494
City Mineola State NY Zip Code 11501	Purpose of Disbursement 001 Category/Type	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. BKCD		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 515 Broadhollow Road		Amount of Each Disbursement this Period 276.36 Transaction ID : SB17.4446
City Mellville State NY Zip Code 11747	Purpose of Disbursement fee charged by Evo Merchant Services 001 Category/Type	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) c. Bowditch & Dewey, LLP		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 311 Main Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4407
City Worcester State MA Zip Code 01615	Purpose of Disbursement Legal Fees 001 Category/Type	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....	9625.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 37	
	<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) A. Bowditch & Dewey, LLP		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 311 Main Street		Amount of Each Disbursement this Period 1426.24 Transaction ID : SB17.4415
City Worcester	State MA Zip Code 01615	
Purpose of Disbursement Legal fees	Category/Type 001	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

Full Name (Last, First, Middle Initial) B. Bowditch & Dewey, LLP		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 311 Main Street		Amount of Each Disbursement this Period 2211.50 Transaction ID : SB17.4423
City Worcester	State MA Zip Code 01615	
Purpose of Disbursement legal fees	Category/Type 001	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

Full Name (Last, First, Middle Initial) c. Carol Busketta		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address Requested		Amount of Each Disbursement this Period 354.75 Transaction ID : SB17.4478
City Garden City	State NY Zip Code 11530	
Purpose of Disbursement	Category/Type 001	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

SUBTOTAL of Disbursements This Page (optional).....	3992.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 37	
	<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) A. CCC Enterprise		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 324 West 19th Street		Amount of Each Disbursement this Period 1992.07 Transaction ID : SB17.4409
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Printing (on account)	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

Full Name (Last, First, Middle Initial) B. CCC Enterprise		Date of Disbursement MM / DD / YYYY 05 / 09 / 2014
Mailing Address 324 West 19th Street		Amount of Each Disbursement this Period 5014.14 Transaction ID : SB17.4422
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Mailings (absentee & military); walking pieces	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

Full Name (Last, First, Middle Initial) c. CCC Enterprise		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 324 West 19th Street		Amount of Each Disbursement this Period 5539.19 Transaction ID : SB17.4424
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Printing (primary walk piece, stationery, typesetting,)	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

SUBTOTAL of Disbursements This Page (optional).....	12545.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37			
	<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) A. CCC Enterprise		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 324 West 19th Street		Amount of Each Disbursement this Period 8000.00 Transaction ID : SB17.4426
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Printing (on account)	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

Full Name (Last, First, Middle Initial) B. Judith Czak		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4454
City Valley Stream	State NY	
Zip Code 11580	Purpose of Disbursement Services Rendered - March	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

Full Name (Last, First, Middle Initial) c. Judith Czak		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4459
City Valley Stream	State NY	
Zip Code 11580	Purpose of Disbursement Services Rendered - April	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

SUBTOTAL of Disbursements This Page (optional).....	13500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37			
	<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) A. Judith Czak		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4460
City Valley Stream	State NY	
Purpose of Disbursement Services Rendered - May		Category/ Type 001
Candidate Name Blakeman 2014 Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) B. David Grandeau & Associates		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 12 Valleywood Drive		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.4418
City Niskayuna	State NY	
Purpose of Disbursement Consulting Servicers- May		Category/ Type 001
Candidate Name Blakeman 2014 Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) c. Garden City Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address c/o Legendary Events, 532 Mineola		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4467
City Carle Place	State NY	
Purpose of Disbursement		Category/ Type 004
Candidate Name Blakeman 2014 Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

SUBTOTAL of Disbursements This Page (optional)	5800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 37	
	<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) A. John McLaughlin Media Acct.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 100000.00 Transaction ID : SB17.4498
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement	Category/ Type 004
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) B. Joint Republican Headquarters		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 721 Franklin Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4405
City Franklin Square	State NY	
Zip Code 11010	Purpose of Disbursement April Rent for HQ	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) c. Joint Republican Headquarters		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 721 Franklin Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4430
City Franklin Square	State NY	
Zip Code 11010	Purpose of Disbursement May Rent	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	101000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 37			
	<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) A. Joint Republican Headquarters		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 721 Franklin Ave.		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4427
City Franklin Square	State NY	
Purpose of Disbursement June rent	Category/ Type 001	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 04	

Full Name (Last, First, Middle Initial) B. Levittown West Golf Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 236		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.4491
City Levittown	State NY	
Purpose of Disbursement	Category/ Type 004	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 04	

Full Name (Last, First, Middle Initial) c. Long Island Center for Business & Professional Women		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 535 New York 110		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4482
City Melville	State NY	
Purpose of Disbursement	Category/ Type 001	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 37	
	<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) A. Nassau County Conservative Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 473		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4474
City Plainview	State NY	
Zip Code 11803	Purpose of Disbursement 004	
Candidate Name Blakeman 2014 Inc.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) B. Nassau County Conservative Committee		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO Box 473		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4484
City Plainview	State NY	
Zip Code 11803	Purpose of Disbursement 011	
Candidate Name Blakeman 2014 Inc.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) C. Nassau County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 164 Post Ave.		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4472
City Westbury	State NY	
Zip Code 11590	Purpose of Disbursement 011	
Candidate Name Blakeman 2014 Inc.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 37	
	<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) A. National Waste Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1863 Harrison Ave.		Amount of Each Disbursement this Period 217.25 Transaction ID : SB17.4500
City Bay Shore State NY Zip Code 11706	Purpose of Disbursement 004 Category/Type	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) B. No. Valley Stream Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 877 No. Corona Ave.		Amount of Each Disbursement this Period 540.00 Transaction ID : SB17.4463
City No. Valley Stream State NY Zip Code 11580	Purpose of Disbursement 004 Category/Type	
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) c. Proteus Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 132 Lafayette Pl.		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4420
City Woodmere State NY Zip Code 11598	Purpose of Disbursement May consulting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional)	2757.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 37	
	<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) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 251-21 Jericho Turnpike		Amount of Each Disbursement this Period 193.79 Transaction ID : SB17.4413
City Bellrose	State NY	
Zip Code 11426	Purpose of Disbursement Printer Toner	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 251-21 Jericho Turnpike		Amount of Each Disbursement this Period 102.67 Transaction ID : SB17.4414
City Bellrose	State NY	
Zip Code 11426	Purpose of Disbursement Printer toner	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

Full Name (Last, First, Middle Initial) c. Strategic Advantage International		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 200 West 79 St. #16D		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4416
City New York	State NY	
Zip Code 10024	Purpose of Disbursement Webiste creation; Facebook; Twitter	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

SUBTOTAL of Disbursements This Page (optional).....	3296.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 37	
	<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	
A. TD Bank		M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period	
City Garden City State NY Zip Code 11530		1000.00	
Purpose of Disbursement Deposit Return, Charge Back		Transaction ID : SB17.4438	
Candidate Name Blakeman 2014 Inc.		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 04			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. TD Bank		M M / D D / Y Y Y Y 05 / 21 / 2014	
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period	
City Garden City State NY Zip Code 11530		25.00	
Purpose of Disbursement Bank fees		Transaction ID : SB17.4439	
Candidate Name Blakeman 2014 Inc.		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 04			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. TD Bank		M M / D D / Y Y Y Y 05 / 28 / 2014	
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period	
City Garden City State NY Zip Code 11530		25.00	
Purpose of Disbursement Bank Fee		Transaction ID : SB17.4440	
Candidate Name Blakeman 2014 Inc.		Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 04			

SUBTOTAL of Disbursements This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 37			
	<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) A. Telecare		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address 1200 Glenn Curtis Blvd		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4476
City Uniondale	State NY	
Purpose of Disbursement	Category/ Type 012	
Candidate Name Blakeman 2014 Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 260 Elmont Rd		Amount of Each Disbursement this Period 392.00 Transaction ID : SB17.4435
City Elmont	State NY	
Purpose of Disbursement Postage for mailings	Category/ Type 001	
Candidate Name Blakeman 2014 Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 600 Franklin Ave		Amount of Each Disbursement this Period 735.00 Transaction ID : SB17.4441
City Garden City	State NY	
Purpose of Disbursement Postage for Vet Letter	Category/ Type 001	
Candidate Name Blakeman 2014 Inc.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

SUBTOTAL of Disbursements This Page (optional).....	1727.00
TOTAL This Period (last page this line number only).....	158719.02

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/10.4099**

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
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 04 / Y 2014 Y	M M / D D / Y Y Y Y Y	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Blakeman 2014 Inc.** Transaction ID : **SC/10.4101**

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 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	----------------------------------------------------------

TERMS Date Incurred Date Due Interest Rate Secured:
 M 03 / D 28 / 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).....	▶ 100000.00
TOTALS This Period (last page in this line only).....	▶ 200000.00

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