

# 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

M M

/ D D

/ Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M

/ D D

/ Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2015

through

M M / D D / Y Y Y Y

03 / 31 / 2015

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

M M / D D / Y Y Y Y

04 / 13 / 2015

2015

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	552755.00
(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)).....	0.00	552755.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	12593.51	831747.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	12520.45	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73.06	831747.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	395934.58	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	675000.00	

**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:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	492850.00
(ii) Unitemized.....	0.00	42905.00
(iii) TOTAL of contributions from individuals ▶	0.00	535755.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	16500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	552755.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	700000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	700000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	12520.45	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	12520.45	1252755.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12593.51	831747.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	25000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	12593.51	856747.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	396007.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12520.45
25. SUBTOTAL (add Line 23 and Line 24).....	408528.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12593.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	395934.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**John McLaughlin Media Acct**

Mailing Address 566 So. Rte 303

City State Zip Code  
Blauvelt NY 10913

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12520.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA14.7454**

Amount of Each Receipt this Period  
 12520.45  
 refund for unaired prepaid media

**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).....

12520.45

12520.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10			
	<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. Bowditch &amp; Dewey</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 1 International Plaza			Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB17.7441</b>
City Boston	State MA	Zip Code 02110	
Purpose of Disbursement On account		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. CCC Enterprises</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 324 West 19 St			Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.7439</b>
City Deer Park	State NY	Zip Code 11729	
Purpose of Disbursement Campaign mailings/signs/posters		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. David Grandeau &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 12 Valleywood Drive			Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.7444</b>
City Niskayuna	State NY	Zip Code 12309	
Purpose of Disbursement On account		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).....	7000.00
<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 7 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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. Joint Republican Headquarters</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2015
Mailing Address 721 Franklin Av		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.7440</b>
City Franklin Square	State NY	
Zip Code 11010	Purpose of Disbursement Rent	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. Skyline Consulting</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2015
Mailing Address 3050 Skyline Drive		Amount of Each Disbursement this Period 2445.01 <b>Transaction ID : SB17.7442</b>
City Schenectady	State NY	
Zip Code 12306	Purpose of Disbursement GOTV Connected Calls	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. Victory Group</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2015
Mailing Address 1220 Hillshire Rd		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.7443</b>
City Baltimore	State MD	
Zip Code 21222	Purpose of Disbursement On account	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).....	5445.01
<b>TOTAL</b> This Period (last page this line number only).....	12445.01

**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) **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	25000.00	75000.00

**TERMS** Date Incurred: M 03 / D 04 / Y 2014 Date Due: M M / D D / Y Y Y Y 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).....	▶	75000.00
<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/10.4101**

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 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**

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 / D / 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	500000.00
<b>TOTALS</b> This Period (last page in this line only).....	675000.00

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