

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

Michael Grimm for Congress

ADDRESS (number and street) ▼

PO Box 61806

Check if different than previously reported. (ACC)

Staten Island

NY

10306-7806

2. **FEC IDENTIFICATION NUMBER** ▼

C C00470807

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NY

11

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 Robert Carlin

Signature of Treasurer Robert Carlin

[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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michael Grimm for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	40250.00	1951131.73
(b) Total Contribution Refunds (from Line 20(d))	300.00	6615.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	39950.00	1944516.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	290975.62	2165818.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	3140.68	15152.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	287834.94	2150665.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	77958.55	
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).....	431788.41	

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

Michael Grimm for Congress

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="15400.00"/>	<input type="text" value="946035.52"/>
(ii) Unitemized	<input type="text" value="3350.00"/>	<input type="text" value="39339.52"/>
(iii) Total of contributions from individuals	<input type="text" value="18750.00"/>	<input type="text" value="985375.04"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="150.00"/>
(c) Other Political Committees	<input type="text" value="21500.00"/>	<input type="text" value="965606.69"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 65

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))		
40250.00	1951131.73	300.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	65662.91	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
3140.68	15152.94	3140.68
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
80.66	771.09	79.45
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
43471.34	2032718.67	3520.13

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Michael Grimm for Congress

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

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="290975.62"/>	<input type="text" value="2165818.05"/>	<input type="text" value="34291.37"/>
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="0.00"/>	<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="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="300.00"/>	<input type="text" value="6615.00"/>	<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)

PAGE 6 / 65

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))

300.00	6615.00	0.00
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21. OTHER DISBURSEMENTS

300.00	21180.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

291575.62	2193613.05	34291.37
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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))

39950.00	1944516.73	300.00
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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)

287834.94	2150665.11	31150.69
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	326062.83
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	43471.34
25. SUBTOTAL (add Line 23 and Line 24).....	369534.17
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	291575.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	77958.55

**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 65
	<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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Frank P. Coppotelli

Mailing Address 617 Johnston Ter

City Staten Island State NY Zip Code 10309-3955

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 26 / 2014

Transaction ID : AD053DDE6079F43A6A18

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 148 Ross Avenue

City Hackensack State NJ Zip Code 07601-3609

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

Name of Employer Acme Industrial Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : A64DB1FDB455B4D9F95F

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1050 5th Avenue

City New York State NY Zip Code 10028-0110

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A124DDBFEF80D41E3A73

Amount of Each Receipt this Period
 2500.00

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

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

3750.00

**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 65
	<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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Guido Passarelli

Mailing Address 2955 Veterans Rd W
Suite 2B

City Staten Island State NY Zip Code 10309-2504

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

Name of Employer Guido Passarelli & Son Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

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

Transaction ID : A27A89DC9B9014A0F9FB

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Alice M. Wilson

Mailing Address 599 Oakland Avenue

City Staten Island State NY Zip Code 10310-2913

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : A837F503931964734ABD

Amount of Each Receipt this Period
100.00

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

Mailing Address 41 Herkimer Street

City Staten Island State NY Zip Code 10301-3340

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

Name of Employer Dynasty Realty Occupation Realtor

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 / 27 / 2014

Transaction ID : A16AB5230D8684FFBBA9

Amount of Each Receipt this Period
250.00

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

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

1850.00

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

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 9 OF 65

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NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Luke Nasta

Mailing Address 4442 Arthur Kill Road

City Staten Island State NY Zip Code 10309-1340

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

Name of Employer Information Requested Occupation Information 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 / 03 / 2014

Transaction ID : A3F564ABBE88B41C2BD1

Amount of Each Receipt this Period
 500.00

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

Mailing Address 37 Circle Road

City Staten Island State NY Zip Code 10304-1249

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

Name of Employer Information Requested Occupation Information Requested
 Student Law Student

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 / 20 / 2014

Transaction ID : ABBB23BB258A04C92932

Amount of Each Receipt this Period
 250.00

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

Mailing Address 96 Acacia Avenue

City Staten Island State NY Zip Code 10308-2626

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

Name of Employer Information Requested Occupation Information Requested
 Owner Luke's Copy Shop

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 / 30 / 2014

Transaction ID : A88F6A5E6C1F748D0946

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 65
	<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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Eileen A. Warner

Mailing Address 60 University Place
#H2

City Staten Island State NY Zip Code 10301-3423

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : AC905D82230CD4A49911

Amount of Each Receipt this Period
1000.00

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

Mailing Address 350 Park Avenue
Floor 11

City New York State NY Zip Code 10022-6022

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

Name of Employer Ziff Brothers Investments Occupation Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : A3EF924B47CFE4ECCB8F

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Bruce M. Green

Mailing Address 80 Richmond Hill Road
Apt. 6E

City Staten Island State NY Zip Code 10314-7809

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : AADA25E65F61E446A875

Amount of Each Receipt this Period
600.00

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

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

4200.00

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

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

FOR LINE NUMBER: PAGE 11 OF 65
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Christina Fiorella

Mailing Address 18 Lynnbrook Court

City Staten Island State NY Zip Code 10309-4511

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

Name of Employer Self Employed Occupation Special Education Teacher

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 : AAFA14AFBBA0D44F1A6F

Amount of Each Receipt this Period
 250.00

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

Mailing Address 7518 Chester Terrace

City Boca Raton State FL Zip Code 33433-4154

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

Name of Employer Harold Landa, MD Occupation Physician/Pulmonologist

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 : AED21C821FEED4E17B1D

Amount of Each Receipt this Period
 250.00

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

Mailing Address 176 Guyon Avenue

City Staten Island State NY Zip Code 10306-3944

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

Name of Employer James MacDonald Consulting Occupation Building Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : AE24A9836D98B4CA1A2D

Amount of Each Receipt this Period
 100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 12 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Issac Sherman

Mailing Address 1050 5th Avenue

City State Zip Code
New York NY 10028-0110

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

Name of Employer Occupation
Sherman & Gordon, P.C. Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3100.00

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

Transaction ID : A5FB233F5D63C4F2A86F

Amount of Each Receipt this Period
2500.00

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

Mailing Address PO Box 060277

City State Zip Code
Staten Island NY 10306-0277

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

Name of Employer Occupation
Retired Retired

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 : AE5C457B9E9994F0284B

Amount of Each Receipt this Period
500.00

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

Mailing Address 179 Windsor Road

City State Zip Code
Staten Island NY 10314-4519

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

Name of Employer Occupation
The Von Agency President & CEO

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 : A8C7F80C21E684D56AAE

Amount of Each Receipt this Period
500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 65
	<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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Thomas W. Costagliola

Mailing Address 123 Kelly Boulevard

City Staten Island State NY Zip Code 10314-6148

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

Name of Employer Retired Occupation Retired

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 / 30 / 2014

Transaction ID : AADC11AE101F8436EA73

Amount of Each Receipt this Period
 250.00

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).....

250.00

15400.00

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

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

FOR LINE NUMBER: PAGE 14 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Committee On Letter Carriers Political Education (Letter Carriers Political Action Fund)

Mailing Address 100 Indiana Avenue NW

City Washington State DC Zip Code 20001-2143

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

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

Transaction ID : AE0E60548FD094737BCE

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 Duke Street
Floor 2

City Alexandria State VA Zip Code 22314-3467

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 8000.00

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

Transaction ID : AAE4EE95785454EB08AC

Amount of Each Receipt this Period
 3000.00

C. Full Name (Last, First, Middle Initial)
Patriot Political Action Committee

Mailing Address 13155 Highway 67

City Biloxi State MS Zip Code 39532

FEC ID number of contributing federal political committee. **C** C00522318

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
 11 / 04 / 2014

Transaction ID : A5D7B260F94974E27AFB

Amount of Each Receipt this Period
 1000.00

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

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

9000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 65
	<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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16th Street NW
Floor 2

City Washington State DC Zip Code 20006-1703

FEC ID number of contributing federal political committee. **C** C00007922

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

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

Transaction ID : A3AFAB578B91E4E80BFB

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Patriots In Action

Mailing Address 1005 Congress Avenue

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C** C00531590

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 01 / 2014

Transaction ID : AF9B63ED3D6D2446EBCE

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
American Society Of Anesthesiologists Political Action Committee

Mailing Address 520 N Northwest Highway

City Park Ridge State IL Zip Code 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

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

Transaction ID : A22130B1DE77549BD88C

Amount of Each Receipt this Period
5000.00

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

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

10000.00

**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 65
	<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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Wakefern Food Corp. Political Action Committee

Mailing Address 33 Northfield Avenue

City Edison State NJ Zip Code 08837-3806

FEC ID number of contributing federal political committee. **C** C00489005

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : AB3E7F49757A3407EA50

Amount of Each Receipt this Period
2500.00

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).....

2500.00

21500.00

**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 65
	<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	

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NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Marc Alvarez

Mailing Address 1 Center Place

City Staten Island State NY Zip Code 10306-5711

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
279.45

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

Transaction ID : ABFC576994C01466E8AD

Amount of Each Receipt this Period
200.00

VOID - LOST CHECK

B. Full Name (Last, First, Middle Initial)
American Legion Kings County Youth

Mailing Address 26 Court Street Suite 1301

City Brooklyn State NY Zip Code 11242-1113

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : A29ACFBCF448F4E2F835

Amount of Each Receipt this Period
1000.00

VOID - LOST CHECK

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

Mailing Address 101 N Carolina Avenue SE Apt. F

City Washington State DC Zip Code 20003-1849

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

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

Transaction ID : A6FF4138E25D946F6A9C

Amount of Each Receipt this Period
225.00

VOID - LOST CHECK

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

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

1425.00

**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 65
	<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	

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NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Westchester BLUE Foundation

Mailing Address **PO Box 326**

City **White Plains** State **NY** Zip Code **10602-0326**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : A23A6A28DD3064BFCAB3

Amount of Each Receipt this Period
500.00

VOID - LOST CHECK

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

Mailing Address **101 N Carolina Avenue SE
Apt. F**

City **Washington** State **DC** Zip Code **20003-1849**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

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

Transaction ID : ABEB50A1550144619B08

Amount of Each Receipt this Period
200.00

VOID - LOST CHECK

C. Full Name (Last, First, Middle Initial)
Arielle Newman Run

Mailing Address **PO Box 269**

City **Staten Island** State **NY** Zip Code **10310-0269**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

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

Transaction ID : A10A33B1D9F3A42F5BB9

Amount of Each Receipt this Period
225.00

VOID - LOST CHECK

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

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

925.00

2350.00

**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 19 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 5.50 Transaction ID : B5251EB485C714785B9B
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003	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. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 8.00 Transaction ID : B9CDF44FF28FB4D699C6
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003	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) c. Interstate EDP & Direct Mail, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 754 4th Avenue		Amount of Each Disbursement this Period 1217.32 Transaction ID : BE7CDA325D98042CB920
City Brooklyn	State NY Zip Code 11232-1414	
Purpose of Disbursement Direct Mail	003	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:		

SUBTOTAL of Disbursements This Page (optional).....	1230.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Mentzer Media Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 600 Fairmount Avenue Suite 306		Amount of Each Disbursement this Period 70944.00 Transaction ID : B0DFABF247367491BA3E
City Towson State MD Zip Code 21286-1002	Purpose of Disbursement Media Buy Candidate Name Category/Type 004	
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. BB&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1909 K Street NW		Amount of Each Disbursement this Period 119.00 Transaction ID : B613273D6474043B5A3F
City Washington State DC Zip Code 20006-1152	Purpose of Disbursement Bank Service Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Interstate EDP & Direct Mail, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 754 4th Avenue		Amount of Each Disbursement this Period 21080.70 Transaction ID : B62FABCDB64814A9790A
City Brooklyn State NY Zip Code 11232-1414	Purpose of Disbursement Direct Mail Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	92143.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Da Nu Media Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2699 Coney Island Avenue		Amount of Each Disbursement this Period 2220.00 Transaction ID : BB11CC6E0AF7D4A4682E
City Brooklyn	State NY	
Zip Code 11235-5004	Purpose of Disbursement Radio	Category/ Type 004
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. Davidzon Radio		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2508 Coney Island Avenue		Amount of Each Disbursement this Period 3000.00 Transaction ID : BAC0237AEFB4649F5BE4
City Brooklyn	State NY	
Zip Code 11223-5026	Purpose of Disbursement Radio	Category/ Type 004
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) c. New York Community Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3879 Amboy Road		Amount of Each Disbursement this Period 35.00 Transaction ID : BC050DA94A50042E3836
City Staten Island	State NY	
Zip Code 10308-2418	Purpose of Disbursement Bank Service Charge	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 27.74
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003	Transaction ID : B3FF8B4275F61400F9FF
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. New York Community Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3879 Amboy Road		Amount of Each Disbursement this Period 35.00
City Staten Island	State NY Zip Code 10308-2418	
Purpose of Disbursement Bank Service Charge	001	Transaction ID : B40234ADFCBC4880B83
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) c. Mentzer Media Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 600 Fairmount Avenue Suite 306		Amount of Each Disbursement this Period 81119.50
City Towson	State MD Zip Code 21286-1002	
Purpose of Disbursement Media Buy	004	Transaction ID : B5A4AF802C708470A8B8
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:		

SUBTOTAL of Disbursements This Page (optional).....	81182.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Luke's Copy Shop		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2506 Hylan Boulevard		Amount of Each Disbursement this Period 27020.29 Transaction ID : B2EFABF8B69AC466F89D
City Staten Island State NY Zip Code 10306-4366	Purpose of Disbursement Printing Candidate Name Category/Type 004	
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. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 10.74 Transaction ID : BD484F21C44314050A46
City ONLINE State Zip Code	Purpose of Disbursement Credit Card Merchant Fee Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Garibaldi-Meucci Museum		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 420 Tompkins Avenue		Amount of Each Disbursement this Period 100.00 Transaction ID : B37665A2591484361A3D
City Staten Island State NY Zip Code 10305-1704	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	27131.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 413.49 Transaction ID : B23A592BCDA3E4794ADD
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003 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. Communication Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 83 Cromwell Avenue		Amount of Each Disbursement this Period 10000.00 Transaction ID : B11985744E5844B3EB6F
City Staten Island	State NY Zip Code 10304-3944	
Purpose of Disbursement Ads	004 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) c. Richmond County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 2300 Richmond Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : B45759DF7B41E42DEB3C
City Staten Island	State NY Zip Code 10314-3904	
Purpose of Disbursement Rent	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	11413.49
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 25 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Salient MG, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 575 Main Street Suite 251		Amount of Each Disbursement this Period 2705.00 Transaction ID : B0ADAEEC4A405427F9C2
City Laurel State MD Zip Code 20707-4353	Purpose of Disbursement Online Fundraising Category/Type 003	
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. Red Maverick Media LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 403 N. Second Street, FL2		Amount of Each Disbursement this Period 2000.00 Transaction ID : B9ACD19B8508F476C91E
City Harrisburg State PA Zip Code 17101-1377	Purpose of Disbursement Mailers Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Concentric Office, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 8136 Old Keene Mill Road Suite A300		Amount of Each Disbursement this Period 6095.28 Transaction ID : BB42F2BF2F8004F7C857
City Springfield State VA Zip Code 22152-1853	Purpose of Disbursement Compliance Services Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10800.28
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 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Antonio Monaco		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 7610 13th Avenue 2 FLOOR # 12		Amount of Each Disbursement this Period 1200.00 Transaction ID : B14D9F68749354913BF9
City Brooklyn	State NY	
Zip Code 11228-2446	Purpose of Disbursement Rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Stacey Sclafani		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 255 Rudyard Street		Amount of Each Disbursement this Period 2500.00 Transaction ID : B3356B869ACB34E95838
City Staten Island	State NY	
Zip Code 10306-5013	Purpose of Disbursement Fundraising Consulting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 1900.00 Transaction ID : B1C4DEEB9011D47BFA53
City Austin	State TX	
Zip Code 78732-2370	Purpose of Disbursement Online Fundraising	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5600.00
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 27 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Strategic Partners & Media		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 575 Main Street Suite 251		Amount of Each Disbursement this Period 7000.00 Transaction ID : B4D5BD099489F4075A05
City Laurel	State MD Zip Code 20707-4353	
Purpose of Disbursement Fundraising Consulting	003 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. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 214.74 Transaction ID : BD141F6BF792142FE9EA
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003 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) c. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 10.38 Transaction ID : B5E2D684EA7844060BC8
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003 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:		

SUBTOTAL of Disbursements This Page (optional).....	7225.12
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 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Jewish Voice, Inc.			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2154 East 4th Street			Amount of Each Disbursement this Period 3000.00 Transaction ID : BBE2AA9B88E3A49A6AAE
City Brooklyn	State NY	Zip Code 11223-4037	
Purpose of Disbursement Ad	Candidate Name		Category/ Type 004
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. Grasslout.com			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address ONLINE			Amount of Each Disbursement this Period 10.00 Transaction ID : B4208F11B115448ACB81
City ONLINE	State	Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Grasslout.com			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address ONLINE			Amount of Each Disbursement this Period 21.87 Transaction ID : BED60B69DFA17452BBC0
City ONLINE	State	Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	3031.87
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 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 16.00 Transaction ID : B6A5D9542041B4C12962
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003	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. Grasslout.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address ONLINE		Amount of Each Disbursement this Period 57.23 Transaction ID : B65D45EC41C2E476AB72
City ONLINE	State Zip Code	
Purpose of Disbursement Credit Card Merchant Fee	003	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) c. Stacey Sclafani		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 255 Rudyard Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : B10488328238249D79CA
City Staten Island	State NY Zip Code 10306-5013	
Purpose of Disbursement Bonus	001	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:		

SUBTOTAL of Disbursements This Page (optional).....	2073.23
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 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Nash Dom, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 40532		Amount of Each Disbursement this Period 969.80 Transaction ID : BBFDF474D7ECB4629844
City Staten Island State NY Zip Code 10304-0532	Purpose of Disbursement TV & Flyers Category/Type 004	
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. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 2622.72 Transaction ID : B1A42BAD19B8E47ADA32
City Austin State TX Zip Code 78732-2370	Purpose of Disbursement Telemarketing Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Strategic Partners & Media		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 575 Main Street Suite 251		Amount of Each Disbursement this Period 25000.00 Transaction ID : B3F7E1CDCF0744FECA93
City Laurel State MD Zip Code 20707-4353	Purpose of Disbursement Fundraising Consulting Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	28592.52
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 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. BB&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 1909 K Street NW		Amount of Each Disbursement this Period 191.00 Transaction ID : B9D9C47402E2C40F09FC
City Washington State DC Zip Code 20006-1152	Purpose of Disbursement Bank Service Charge 001 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. BB&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1909 K Street NW		Amount of Each Disbursement this Period 4482.40 Transaction ID : BB4E96B367024404BB6E
City Washington State DC Zip Code 20006-1152	Purpose of Disbursement Credit Card Charges 001 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) c. Mama Rao's		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 6408 11th Ave		Amount of Each Disbursement this Period 3211.81 Transaction ID : BE0D7848E85B14CE6ACB [MEMO ITEM]
City Brooklyn State NY Zip Code 11219-5639	Purpose of Disbursement Food & Beverage 003 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:		

SUBTOTAL of Disbursements This Page (optional).....	4673.40
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 32 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Postal Connection		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1365 N Railroad Avenue		Amount of Each Disbursement this Period 15.16
City Staten Island	State NY	
Zip Code 10306-2348	Purpose of Disbursement Postage	Transaction ID : B0C10F8E0021D4842AD6
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Pathmark 999		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2660 Hylan Boulevard Suite 2		Amount of Each Disbursement this Period 54.45
City Staten Island	State NY	
Zip Code 10306-4355	Purpose of Disbursement Food & Beverage	Transaction ID : BFAD4238EBEE44402860
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 81226		Amount of Each Disbursement this Period 61.00
City Seattle	State WA	
Zip Code 98108-1300	Purpose of Disbursement Office Supplies	Transaction ID : BF0FA94A6164443CAA42
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Moravian Florist		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2286 Richmond Road		Amount of Each Disbursement this Period 202.34
City Staten Island State NY Zip Code 10306-2563	Purpose of Disbursement Donation	Transaction ID : BF853172EB4B84369A3B
Candidate Name	012 Category/ Type	[MEMO ITEM]
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. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 49.68
City Staten Island State NY Zip Code 10301-3243	Purpose of Disbursement Transportation	Transaction ID : BF871DE12D54449E5A83
Candidate Name	002 Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014
Mailing Address 2425 Hylan Boulevard		Amount of Each Disbursement this Period 8.02
City Staten Island State NY Zip Code 10306-3147	Purpose of Disbursement Meal	Transaction ID : B60CD0CCC446E42C0B20
Candidate Name	002 Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Postal Connection		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1365 N Railroad Avenue		Amount of Each Disbursement this Period 11.45
City Staten Island State NY Zip Code 10306-2348	Purpose of Disbursement Postage <input type="checkbox"/> 001 Category/Type	
Candidate Name		Transaction ID : BA734D65802C44584BAC [MEMO ITEM]
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. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2425 Hylan Boulevard		Amount of Each Disbursement this Period 66.01
City Staten Island State NY Zip Code 10306-3147	Purpose of Disbursement Food & Beverage <input type="checkbox"/> 003 Category/Type	
Candidate Name		Transaction ID : BF6D6AE2A5CDF4787B12 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Royal Crown Bakery		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1350 Hylan Boulevard		Amount of Each Disbursement this Period 65.68
City Staten Island State NY Zip Code 10305-1922	Purpose of Disbursement Food & Beverage <input type="checkbox"/> 003 Category/Type	
Candidate Name		Transaction ID : BA269700E2DED4F4688F [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Postal Connection		M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1365 N Railroad Avenue		Amount of Each Disbursement this Period
City Staten Island	State NY	10306-2348
Purpose of Disbursement Postage	Category/Type	10.35
Candidate Name	001	Transaction ID : B33DD6F516A4444C29F5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Verizon Wireless		M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 25505		Amount of Each Disbursement this Period
City Lehigh Valley	State PA	18002-5505
Purpose of Disbursement Cell Phone Charges	Category/Type	141.88
Candidate Name	001	Transaction ID : BF597A786C92949B79EF
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. American Express		M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period
City Dallas	State TX	75265-0448
Purpose of Disbursement Credit Card Charges	Category/Type	1855.18
Candidate Name	001	Transaction ID : BB7FFB6B601FD421EA80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1855.18
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 36 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 167.73
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Cell Phone Charges	Transaction ID : B5732527377254C0A9E8
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 20.38
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Supplies	Transaction ID : B970649F869E04AE3906
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 2562 Hylan Boulevard		Amount of Each Disbursement this Period 122.50
City Staten Island	State NY	
Zip Code 10306-8689	Purpose of Disbursement Postage	Transaction ID : B532373FF33584CF8A2D
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2562 Hylan Boulevard		Amount of Each Disbursement this Period 49.98
City Staten Island State NY Zip Code 10306-8689	Purpose of Disbursement Postage	001 Category/Type
Candidate Name		Transaction ID : B1C1F5FD0D9474B519BB
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1769 Arthur Kill Road		Amount of Each Disbursement this Period 39.00
City Staten Island State NY Zip Code 10312-1339	Purpose of Disbursement Transportation	002 Category/Type
Candidate Name		Transaction ID : B1366EFF8011A49BF86F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Hess		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2488 Hylan Boulevard		Amount of Each Disbursement this Period 35.25
City Staten Island State NY Zip Code 10306-3144	Purpose of Disbursement Transportation	002 Category/Type
Candidate Name		Transaction ID : BF581BDFE8A81484BB43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Inphonex.com LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 7206 NW 31st St		Amount of Each Disbursement this Period 2.38
City Miami State FL Zip Code 33122-1216	Purpose of Disbursement Internet Phone 001 Category/Type	
Candidate Name		Transaction ID : B72C116BFBA204C019A9 [MEMO ITEM]
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. Hess		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 2488 Hylan Boulevard		Amount of Each Disbursement this Period 44.75
City Staten Island State NY Zip Code 10306-3144	Purpose of Disbursement Transportation 002 Category/Type	
Candidate Name		Transaction ID : B9735A80A795549CBBAA [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. EZ Pass VA		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address PO Box 1234		Amount of Each Disbursement this Period 100.00
City Clifton Forge State VA Zip Code 24422-0724	Purpose of Disbursement Transportation 002 Category/Type	
Candidate Name		Transaction ID : BE9F4D338E61A4E18B99 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Hess			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2488 Hylan Boulevard			Amount of Each Disbursement this Period 50.00 Transaction ID : B2C8A7BB7DDA54E03A05
City Staten Island	State NY	Zip Code 10306-3144	
Purpose of Disbursement Transportation		Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]	
State:	District:		

Full Name (Last, First, Middle Initial) B. Super Stop & Shop			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2754 Hylan Boulevard			Amount of Each Disbursement this Period 151.43 Transaction ID : BC6D80CF9058E4410AC6
City Staten Island	State NY	Zip Code 10306-4658	
Purpose of Disbursement Event Supplies		Candidate Name	Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]	
State:	District:		

Full Name (Last, First, Middle Initial) c. Dunkin Donuts			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2425 Hylan Boulevard			Amount of Each Disbursement this Period 46.22 Transaction ID : B2E1A33FA17DB4807BD2
City Staten Island	State NY	Zip Code 10306-3147	
Purpose of Disbursement Event Supplies		Candidate Name	Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]	
State:	District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Bestwineinny.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1544 E Warner Ave		Amount of Each Disbursement this Period 399.32
City Santa Ana State CA Zip Code 92705-5420	Purpose of Disbursement Event Supplies	
Candidate Name	Category/Type 007	Transaction ID : BBB1803F1E66B4EFE88D
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. BB&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1909 K Street NW		Amount of Each Disbursement this Period 1484.19
City Washington State DC Zip Code 20006-1152	Purpose of Disbursement Credit Card Charges	
Candidate Name	Category/Type 001	Transaction ID : B8B38FA8EF0C942B689C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) c. Postal Connection		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1365 N Railroad Avenue		Amount of Each Disbursement this Period 9.80
City Staten Island State NY Zip Code 10306-2348	Purpose of Disbursement Postage	
Candidate Name	Category/Type 001	Transaction ID : B837C4C84AE85462A9DC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1484.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Mr. Mike's Place		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 355 New Dorp Lane		Amount of Each Disbursement this Period 36.93 Transaction ID : BDFBAA6E6DB534E52A6C
City Staten Island	State NY	
Zip Code 10306-3007	Purpose of Disbursement Food & Beverage	Category/ Type 003
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Postal Connection		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1365 N Railroad Avenue		Amount of Each Disbursement this Period 9.80 Transaction ID : BBBA632BF4120433C868
City Staten Island	State NY	
Zip Code 10306-2348	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Empire East		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 2740 Hylan Blvd		Amount of Each Disbursement this Period 98.35 Transaction ID : B17540AABCD1149CDA21
City Staten Island	State NY	
Zip Code 10306-4658	Purpose of Disbursement Food & Beverage	Category/ Type 003
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:	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 1885 Hylan Boulevard		Amount of Each Disbursement this Period 101.73
City Staten Island	State NY	
Zip Code 10305-2110	Purpose of Disbursement Office Supplies	Transaction ID : BE7D3F9C48B524359BC5
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Dunkin Donuts		Date of Disbursement MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2425 Hylan Boulevard		Amount of Each Disbursement this Period 14.62
City Staten Island	State NY	
Zip Code 10306-3147	Purpose of Disbursement Volunteer Meal	Transaction ID : BBA3E7853D97E4E2B835
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. United States Postal Service		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2562 Hylan Boulevard		Amount of Each Disbursement this Period 5.90
City Staten Island	State NY	
Zip Code 10306-8689	Purpose of Disbursement Postage	Transaction ID : B208B2DB58CE04DACBD3
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Villa Monte		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 170 New Dorp Ln		Amount of Each Disbursement this Period 58.00
City Staten Island	State NY Zip Code 10306-3006	
Purpose of Disbursement Food & Beverage	Category/Type 003	Transaction ID : B9A3DE0822156497E935 [MEMO ITEM]
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1885 Hylan Boulevard		Amount of Each Disbursement this Period 36.10
City Staten Island	State NY Zip Code 10305-2110	
Purpose of Disbursement Office Supplies	Category/Type 001	Transaction ID : B48E4B55050D44DAB91E [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mr. Mike's Place		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 355 New Dorp Lane		Amount of Each Disbursement this Period 144.63
City Staten Island	State NY Zip Code 10306-3007	
Purpose of Disbursement Catering	Category/Type 007	Transaction ID : B8946DBAAE8F24E11A38 [MEMO ITEM]
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Pathmark 999		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2660 Hylan Boulevard Suite 2		Amount of Each Disbursement this Period 41.56
City Staten Island	State NY	
Zip Code 10306-4355	Purpose of Disbursement Event Supplies	Transaction ID : B53D53A22660D4129A79
Candidate Name	007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 10 / 28 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 6915.07
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Credit Card Charges	Transaction ID : B44BE3804D40A45B6B17
Candidate Name	001 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) c. Luke's Copy Shop		Date of Disbursement MM / DD / YYYY 08 / 14 / 2014
Mailing Address 2506 Hylan Boulevard		Amount of Each Disbursement this Period 1699.64
City Staten Island	State NY	
Zip Code 10306-4366	Purpose of Disbursement Printing	Transaction ID : BCB83FEAE75494549A27
Candidate Name	006 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6915.07
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 46 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address 579 92nd Street		Amount of Each Disbursement this Period \$ 57.39
City Brooklyn	State NY	
Zip Code 11209-6413	Purpose of Disbursement Transportation	Transaction ID : B3B621367EA884D6195D
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address 1769 Arthur Kill Road		Amount of Each Disbursement this Period \$ 50.00
City Staten Island	State NY	
Zip Code 10312-1339	Purpose of Disbursement Transportation	Transaction ID : B9AE6149A68C347E3A86
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Richmond Operating LLC		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 2990 Victory Boulevard		Amount of Each Disbursement this Period \$ 25.25
City Staten Island	State NY	
Zip Code 10314-6605	Purpose of Disbursement Transportation	Transaction ID : B88A642DBED154D1491F
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 74.78
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Sign Supplies	[MEMO ITEM]
Candidate Name	Category/ Type 006	
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. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 44.42
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Sign Supplies	[MEMO ITEM]
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 50.00
City Staten Island	State NY	
Zip Code 10301-3243	Purpose of Disbursement Transportation	[MEMO ITEM]
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2014
Mailing Address 2562 Hylan Boulevard		Amount of Each Disbursement this Period 5.60
City Staten Island	State NY	
Zip Code 10306-8689	Purpose of Disbursement Postage	Transaction ID : BB822065E6D414EE2814
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 45.00
City Staten Island	State NY	
Zip Code 10301-3243	Purpose of Disbursement Transportation	Transaction ID : BEAD986AC4B5E4D29B56
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Richmond Operating LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2014
Mailing Address 2990 Victory Boulevard		Amount of Each Disbursement this Period 70.50
City Staten Island	State NY	
Zip Code 10314-6605	Purpose of Disbursement Transportation	Transaction ID : B50661E42A2874A76AD9
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 194.92
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Sign Supplies	Transaction ID : B1516C4C81A204451860
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 2562 Hylan Boulevard		Amount of Each Disbursement this Period 11.50
City Staten Island	State NY	
Zip Code 10306-8689	Purpose of Disbursement Postage	Transaction ID : B987AF0B9345A429E941
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 700 South Avenue		Amount of Each Disbursement this Period 60.61
City Staten Island	State NY	
Zip Code 10303-1500	Purpose of Disbursement Transportation	Transaction ID : BEAA42F48FA8947AF823
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Richmond Operating LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 2990 Victory Boulevard		Amount of Each Disbursement this Period 68.00 Transaction ID : BD57DE2CD49EC4916A5A
City Staten Island	State NY Zip Code 10314-6605	
Purpose of Disbursement Transportation	Category/Type 002	[MEMO ITEM]
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. Postal Connection		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 1365 N Railroad Avenue		Amount of Each Disbursement this Period 38.10 Transaction ID : B9CB0AB6E3DD94A1FB7F
City Staten Island	State NY Zip Code 10306-2348	
Purpose of Disbursement Postage	Category/Type 001	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. BB&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014
Mailing Address 1909 K Street NW		Amount of Each Disbursement this Period 322.92 Transaction ID : B611941E52A454224934
City Washington	State DC Zip Code 20006-1152	
Purpose of Disbursement Finance Charge	Category/Type 001	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 575 Morosgo Dr NE		Amount of Each Disbursement this Period 167.70
City Atlanta	State GA Zip Code 30324-3300	
Purpose of Disbursement Telephone	Category/Type 001	Transaction ID : B2935C516EE60417CB4D [MEMO ITEM]
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. Hylan Hardware		Date of Disbursement MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2249 Hylan Boulevard		Amount of Each Disbursement this Period 53.76
City Staten Island	State NY Zip Code 10306-3228	
Purpose of Disbursement Event Supplies	Category/Type 007	Transaction ID : B258BFBF2291C4DEDBDD [MEMO ITEM]
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) C. Hess		Date of Disbursement MM / DD / YYYY 09 / 28 / 2014
Mailing Address 2488 Hylan Boulevard		Amount of Each Disbursement this Period 64.00
City Staten Island	State NY Zip Code 10306-3144	
Purpose of Disbursement Transportation	Category/Type 002	Transaction ID : BEDC193DB6DA54FF59E6 [MEMO ITEM]
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)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. The Home Depot		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 118.63
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Supplies	Transaction ID : B6965E400B02F4393BD1
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ExxonMobil		Date of Disbursement MM / DD / YYYY 10 / 01 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 57.01
City Staten Island	State NY	
Zip Code 10301-3243	Purpose of Disbursement Transportation	Transaction ID : BA4D155D83AB24A61938
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ExxonMobil		Date of Disbursement MM / DD / YYYY 10 / 04 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 68.50
City Staten Island	State NY	
Zip Code 10301-3243	Purpose of Disbursement Transportation	Transaction ID : B091E8FBED07042FA8DD
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address 575 Morosgo Dr NE		Amount of Each Disbursement this Period 32.65
City Atlanta	State GA	
Zip Code 30324-3300	Purpose of Disbursement Telephone	Transaction ID : BDDA6386BA19A468BA31
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2425 Hylan Boulevard		Amount of Each Disbursement this Period 50.00
City Staten Island	State NY	
Zip Code 10306-3147	Purpose of Disbursement Voluntee Meal	Transaction ID : BA505D5C7C2CB4397B6B
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Dropbox		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 185 Berry Street Floor 4		Amount of Each Disbursement this Period 99.00
City San Francisco	State CA	
Zip Code 94107-5705	Purpose of Disbursement Office Supplies	Transaction ID : BA6E5F68F01BF476DA70
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Hess		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 2488 Hylan Boulevard		Amount of Each Disbursement this Period 58.50
City Staten Island	State NY	
Zip Code 10306-3144	Purpose of Disbursement Transportation	Transaction ID : B516E2DB338D54959A43
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 1885 Hylan Boulevard		Amount of Each Disbursement this Period 190.53
City Staten Island	State NY	
Zip Code 10305-2110	Purpose of Disbursement Office Supplies	Transaction ID : BB91D595EEDAA46CB90E
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 24.99
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Sign Materials	Transaction ID : B52F6F97F4D3B4716BFF
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 1769 Arthur Kill Road		Amount of Each Disbursement this Period 32.25
City Staten Island	State NY	
Zip Code 10312-1339	Purpose of Disbursement Transportation	Transaction ID : B1969BBA058D6444086F
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EZ Pass VA		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO Box 1234		Amount of Each Disbursement this Period 100.00
City Clifton Forge	State VA	
Zip Code 24422-0724	Purpose of Disbursement Transportation	Transaction ID : B3F18779B5A434B28A2A
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. The Home Depot		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 545 Targee Street		Amount of Each Disbursement this Period 68.11
City Staten Island	State NY	
Zip Code 10304-3567	Purpose of Disbursement Campaign Supplies	Transaction ID : B393026CDF8F44511A3F
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1769 Arthur Kill Road		Amount of Each Disbursement this Period 9,999,999.99 50.00
City Staten Island	State NY	
Zip Code 10312-1339	Purpose of Disbursement Transportation	Transaction ID : B25E3FC2FC72143BA821
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1769 Arthur Kill Road		Amount of Each Disbursement this Period 9,999,999.99 44.50
City Staten Island	State NY	
Zip Code 10312-1339	Purpose of Disbursement Transportation	Transaction ID : BED7A83EEE0104F63934
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Dropbox		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 185 Berry Street Floor 4		Amount of Each Disbursement this Period 9,999,999.99 9.99
City San Francisco	State CA	
Zip Code 94107-5705	Purpose of Disbursement Office Supplies	Transaction ID : BBDD78359B5454934A0A
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9,999,999.99 0.00
TOTAL This Period (last page this line number only).....	9,999,999.99

**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 57 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 53.00
City Staten Island	State NY	
Zip Code 10301-3243	Purpose of Disbursement Transportation	Transaction ID : BB2CEAF7CA5C844FA87B
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 2425 Hylan Boulevard		Amount of Each Disbursement this Period 7.58
City Staten Island	State NY	
Zip Code 10306-3147	Purpose of Disbursement Meals	Transaction ID : BBEDB696574DD405BAC0
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Hylan Hardware		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2249 Hylan Boulevard		Amount of Each Disbursement this Period 59.90
City Staten Island	State NY	
Zip Code 10306-3228	Purpose of Disbursement Campaign Supplies	Transaction ID : B1A2C2B9A57F3441CB3F
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 65			
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 2425 Hylan Boulevard		Amount of Each Disbursement this Period 50.00
City Staten Island	State NY	
Zip Code 10306-3147	Purpose of Disbursement Food & Beverage	Transaction ID : B413C31FCC70A4510891
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Costco Wholesale		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2975 Richmond Avenue		Amount of Each Disbursement this Period 43.13
City Staten Island	State NY	
Zip Code 10314-5851	Purpose of Disbursement Transportation	Transaction ID : B2B4CDBBA62104C698DB
Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Costco Wholesale		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2975 Richmond Avenue		Amount of Each Disbursement this Period 289.77
City Staten Island	State NY	
Zip Code 10314-5851	Purpose of Disbursement Food & Beverage	Transaction ID : BE1C4411873494300B51
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 65	
	<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)
Michael Grimm for Congress

Full Name (Last, First, Middle Initial) A. ExxonMobil		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 231 Bay Street		Amount of Each Disbursement this Period 51.76
City Staten Island	State NY	
Zip Code 10301-3243	Purpose of Disbursement Transportation	Transaction ID : B234C2B45B73A40D682C
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address PO Box 650448		Amount of Each Disbursement this Period 203.06
City Dallas	State TX	
Zip Code 75265-0448	Purpose of Disbursement Finance Charge	Transaction ID : BC07FF440D3DE4FF9B84
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	290607.14

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW		
City State	Zip Code	
Washington DC	20037-1309	

Outstanding Balance Beginning This Period	Transaction ID : D2988961BB7C3443AAE7	
<input type="text" value="231209.30"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="231209.30"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW		
City State	Zip Code	
Washington DC	20037-1309	

Outstanding Balance Beginning This Period	Transaction ID : D7BEF04B3563C494486B	
<input type="text" value="68790.70"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="68790.70"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW		
City State	Zip Code	
Washington DC	20037-1309	

Outstanding Balance Beginning This Period	Transaction ID : D547A9181CBD64C7181F	
<input type="text" value="15443.90"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="15443.90"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="315443.90"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 65
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 1121.20	Transaction ID : DDC8CCBBBC4164F7CA3F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1121.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 1271.67	Transaction ID : DE2CE9E864FAF4D99BDB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1271.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 1414.90	Transaction ID : D0FDB249AF84D4BAE833	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1414.90

1) SUBTOTALS This Period This Page (optional)	3807.77
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 65
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 144.50	Transaction ID : DD6F2654A130649AFAE1	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 144.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 405.80	Transaction ID : D6FB79D10B0BF4C5FA6B	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 405.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 1745.00	Transaction ID : D1BB8A6B088914A6CBC8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1745.00

1) SUBTOTALS This Period This Page (optional)	2295.30
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 63 OF 65
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 3281.80	Transaction ID : DCE31591FC9584568BC7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3281.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 1412.50	Transaction ID : DD9AA544CE5264D42802	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1412.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs	Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW	
City State Zip Code Washington DC 20037-1309	

Outstanding Balance Beginning This Period 9554.50	Transaction ID : D727E015E86B84DE2A97	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9554.50

1) SUBTOTALS This Period This Page (optional)	14248.80
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs

Mailing Address 2550 M Street NW

City State Zip Code
Washington DC 20037-1309

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **39909.59** Transaction ID : **D7CDDA70F8C7E40E995C**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **39909.59**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs

Mailing Address 2550 M Street NW

City State Zip Code
Washington DC 20037-1309

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **1772.60** Transaction ID : **D7D867FCDADEF46D9A95**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **1772.60**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs

Mailing Address 2550 M Street NW

City State Zip Code
Washington DC 20037-1309

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **16000.00** Transaction ID : **DC05DD2408F6A434CB2C**

Amount Incurred This Period **0.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **16000.00**

1) SUBTOTALS This Period This Page (optional)	57682.19
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW		
City State	Zip Code	
Washington DC	20037-1309	

Outstanding Balance Beginning This Period	Transaction ID : DE65B1ABC23E9442B81F	
793.75		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	793.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW		
City State	Zip Code	
Washington DC	20037-1309	

Outstanding Balance Beginning This Period	Transaction ID : DA46422BCF9654E69AC4	
26315.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	26315.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs		Nature of Debt (Purpose): Legal Fees
Mailing Address 2550 M Street NW		
City State	Zip Code	
Washington DC	20037-1309	

Outstanding Balance Beginning This Period	Transaction ID : DB0238D11275F4333A11	
11201.20		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	11201.20

1) SUBTOTALS This Period This Page (optional)	38310.45
2) TOTALS This Period (last page this line number only)	431788.41
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	431788.41