

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Blakeman 2014 Inc.

ADDRESS (number and street)

108 S. Franklin Avenue

Suite 1

Check if different than previously reported. (ACC)

Valley Stream

NY

11580

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00558189

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06

24

2014

in the State of

NY

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2014

through

06

04

2014

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

Type or Print Name of Treasurer Vincent DeVito

Signature of Treasurer

Vincent DeVito

[Electronically Filed]

Date

06

12

2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	89226.00	203426.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	89226.00	203426.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	160033.01	160670.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	160033.01	160670.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	242755.58	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	200000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Blakeman 2014 Inc.**

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

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

**DETAILED SUMMARY PAGE**  
of Disbursements

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

**III. CASH SUMMARY**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 168 Cleveland Ave.

City State Zip Code  
Rockville Centre NY 11570

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
 1125.00

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

Mailing Address 801 Pennsylvania Ave.

City State Zip Code  
Washington DC 20004

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4315**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 30 Ridgewood Street

City State Zip Code  
N. Valley Stream NY 11580

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

Name of Employer Occupation  
Lock Law Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4305**

Amount of Each Receipt this Period  
 1000.00

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

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

3125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**John Bach**

Mailing Address 26 Chevlot Road

City Southampton State NY Zip Code 11968

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

Name of Employer The Whitmore Euros, Ltd. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 712 5th Avenue

City New York State NY Zip Code 10019

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

Name of Employer Griffon Corp. Occupation Chairman of the Board

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4366**

Amount of Each Receipt this Period  
 5200.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Califano Sr.**

Mailing Address 19 Sherwood Gate

City Oyster Bay State NY Zip Code 11771

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

Name of Employer FJC Security Occupation Chariman of the Board

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4327**

Amount of Each Receipt this Period  
 2500.00

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

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

8700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 52 Woodedge Drive

City State Zip Code  
Dix Hills NY 11746

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

Name of Employer Occupation  
FJC Security Vice Chairman of the Board

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4339**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 88 Rutgers Rd.

City State Zip Code  
Franklin NY 11596

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2014

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 77 Mountain Ave.

City State Zip Code  
Larchmont NY 10538

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : SA11AI.4337**

Amount of Each Receipt this Period  
5000.00

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

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

9500.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 3 Gables Court

City Dix Hills State NY Zip Code 11746

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

Name of Employer National Insurance Brokerage Occupation Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4368**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address 333 Earle Ovington Blvd.

City Uniondale State NY Zip Code 11553

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

Name of Employer Healthplex, Inc. Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4386**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 45 Broadway, Ste 2440

City New York State NY Zip Code 10006

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4333**

Amount of Each Receipt this Period  
 5200.00

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

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

5800.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Victor Emanuelo**

Mailing Address 500 Bi-Country Blvd. - Suite 117

City Framingdale	State NY	Zip Code 11735
---------------------	-------------	-------------------

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

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4289**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 54 Willit Street

City ALbany	State NY	Zip Code 12210
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4307**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 512 Albelarle Road

City Cedarhurst	State NY	Zip Code 11516
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FEC ID number of contributing federal political committee. **C**

Name of Employer Meltzer, Oppe	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
750.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Finkel**

Mailing Address 30 Bradford Lane

City State Zip Code  
Bethpage NY 11714

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

Name of Employer Occupation  
FJC Security Services, Inc. Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4398**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1403 Mary Smith Hill Rd.

City State Zip Code  
Andes NY 13731

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4325**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9 Elm Court

City State Zip Code  
Sands point NY 11050

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

Name of Employer Occupation  
Self Restauranteur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4299**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address **PO Box 115**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.4382**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **9111 W. 126 Street**

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

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

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

**Transaction ID : SA11AI.4281**

Amount of Each Receipt this Period  
**5200.00**

**C.** Full Name (Last, First, Middle Initial)  
**John G. Hubler Jr.**

Mailing Address **125 N. Park Ave.**

City **Rockville Centre** State **NY** Zip Code **11570**

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

Name of Employer **Self** Occupation **Contracting**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

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

**Transaction ID : SA11AI.4378**

Amount of Each Receipt this Period  
**350.00**

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

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

**6550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

City State Zip Code  
New York NY 10065

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4390**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 150 Bradley Place

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4348**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 16C Opland Lane

City State Zip Code  
Armonk NY 10504

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

Name of Employer Requested Occupation Requested  
TD Ameritrade Financial Services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4331**

Amount of Each Receipt this Period  
 2500.00

**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 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 63 Fountain Avenue

City State Zip Code  
Rockville Centre NY 11570

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

Name of Employer Occupation  
Koeppel Martone & Leistman Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.4297**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 142 West 57 Street

City State Zip Code  
New York NY 10019

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4309**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 960 Park Avenue

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Housewife Housewife

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4277**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>William Mack</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2115 Linwood Avenue		<b>Transaction ID : SA11AI.4400</b>
City Fort Lee	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>Gary Melius</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 135 West Gate Drive		<b>Transaction ID : SA11AI.4358</b>
City Huntington	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>James Metzger</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 370 Old Country Road		<b>Transaction ID : SA11AI.4295</b>
City Garden City	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5200.00
Name of Employer Requested	Occupation Requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2995 Judith Drive

City State Zip Code  
Bellmore NY 11560

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

Name of Employer Occupation  
Mirotznik and Associates, LLC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4364**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 175 Flamingo St.

City State Zip Code  
Atlantic Beach NY 11509

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 42 Woodlawn Ave.

City State Zip Code  
New Rochelle NY 10804

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11AI.4346**

Amount of Each Receipt this Period  
2000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Richard Nasti</b>		Date of Receipt MM / DD / YYYY 05 / 03 / 2014
Mailing Address 42 Woodlawn Ave, City New Rochelle State NY Zip Code 10804		<b>Transaction ID : SA11AI.4345</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer H.J. Kalikow Co. LLC	Occupation Real Estate Developer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Edward Pantzer</b>		Date of Receipt MM / DD / YYYY 04 / 24 / 2014
Mailing Address 540 Madison Avenue City New York State NY Zip Code 10022		<b>Transaction ID : SA11AI.4335</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5200.00	
Name of Employer Pantzer Properties, Inc.	Occupation Real Estate Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Parissidi</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2014
Mailing Address 11 The Mast City East Islip State NY Zip Code 11730		<b>Transaction ID : SA11AI.4293</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Paris Maintenance Company, Inc	Occupation President & CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12200.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1 Bell Circle

City Port Jefferson State NY Zip Code 11777

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

Name of Employer Raso Realty Occupation Self

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4311**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Rosenker**

Mailing Address 1626 Great Falls Street

City McLean State VA Zip Code 22101

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

Name of Employer Transportation Safety Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4319**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3 Harbor Point Drive

City Northpoint State NY Zip Code 11768

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

Name of Employer Santinelli International Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4343**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 10 Maplewood Dr.

City Newburgh State NY Zip Code 12550

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

Name of Employer Requested Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**David Slackman**

Mailing Address 100 Mozart Court

City Eastport State NY Zip Code 11941

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

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4317**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4 Cove Lane

City Port Washington State NY Zip Code 11050

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

Name of Employer Self Occupation Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4301**

Amount of Each Receipt this Period  
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 999 Walt Witman Rd.

City Melville State NY Zip Code 11747

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

Name of Employer Suris & Assoc. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4291**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Harry Vonderlieth**

Mailing Address 47 Horse Hollow Court

City Locust Valley State NY Zip Code 11560

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

Name of Employer VPH Mechanical Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
 350.00

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

Mailing Address 139 Bulson Road

City Rockville Centre State NY Zip Code 11570

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

Name of Employer Schulman Lobel Wolfson Et Al. Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4380**

Amount of Each Receipt this Period  
 350.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>E. David Woycik Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 04 / 2014
Mailing Address 29 Locust St.		<b>Transaction ID : SA11AI.4287</b>
City Carden City	State NJ	
Zip Code 11530		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Sanders, Sanders, Block & Woyc	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>Salvatore Zizza</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2014
Mailing Address 1 Gracie Square		<b>Transaction ID : SA11AI.4374</b>
City New York	State NY	
Zip Code 10028		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Zizzi Associates	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	87325.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Bowditch &amp; Dewey, LLP</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 311 Main Street		Amount of Each Disbursement this Period 1426.24 <b>Transaction ID : SB17.4415</b>
City Worcester	State MA Zip Code 01615	
Purpose of Disbursement Legal fees	Category/Type 001	
Candidate Name <b>Blakeman 2014 Inc.</b>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 04	

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CCC Enterprise</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2014
Mailing Address 324 West 19th Street		Amount of Each Disbursement this Period 1992.07 <b>Transaction ID : SB17.4409</b>
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Printing (on account)	Category/ Type 001
Candidate Name <b>Blakeman 2014 Inc.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. CCC Enterprise</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2014
Mailing Address 324 West 19th Street		Amount of Each Disbursement this Period 8000.00 <b>Transaction ID : SB17.4426</b>
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Printing (on account)	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 04	

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

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Judith Czak</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4460</b>
City Valley Stream	State NY	
Purpose of Disbursement Services Rendered - May		Category/ Type 001
Candidate Name <b>Blakeman 2014 Inc.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. John McLaughlin Media Acct.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 100000.00 <b>Transaction ID : SB17.4498</b>
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement 004	Category/ Type
Candidate Name Blakeman 2014 Inc.	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Joint Republican Headquarters**

Full Name (Last, First, Middle Initial)  
Mailing Address 721 Franklin Ave.

City Franklin Square State NY Zip Code 11010

Purpose of Disbursement June rent

Candidate Name **Blakeman 2014 Inc.**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 04

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4427

Category/Type: 001

**B. Levittown West Golf Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 236

City Levittown State NY Zip Code 11756

Purpose of Disbursement

Candidate Name **Blakeman 2014 Inc.**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 04

Date of Disbursement: 05 / 14 / 2014

Amount of Each Disbursement this Period: 375.00

Transaction ID : SB17.4491

Category/Type: 004

**c. Long Island Center for Business & Professional Women**

Full Name (Last, First, Middle Initial)  
Mailing Address 535 New York 110

City Melville State NY Zip Code 11747

Purpose of Disbursement

Candidate Name **Blakeman 2014 Inc.**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 04

Date of Disbursement: 05 / 07 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.4482

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Nassau County Conservative Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 473		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4474</b>
City Plainview	State NY	
Zip Code 11803	Purpose of Disbursement 004	
Candidate Name <b>Blakeman 2014 Inc.</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. National Waste Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1863 Harrison Ave.		Amount of Each Disbursement this Period 217.25 <b>Transaction ID : SB17.4500</b>
City Bay Shore State NY Zip Code 11706	Purpose of Disbursement 004 Category/Type	
Candidate Name <b>Blakeman 2014 Inc.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 04		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2757.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address 251-21 Jericho Turnpike		Amount of Each Disbursement this Period 3296.46 <b>Transaction ID : SB17.4413</b>
City Bellrose	State NY	
Zip Code 11426	Purpose of Disbursement Printer Toner	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. TD Bank</b>		M M / D D / Y Y Y Y 04 / 03 / 2014	
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period	
City Garden City State NY Zip Code 11530		1000.00	
Purpose of Disbursement Deposit Return, Charge Back		Transaction ID : SB17.4438	
Candidate Name <b>Blakeman 2014 Inc.</b>		Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 04			

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Telecare</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1200 Glenn Curtis Blvd		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB17.4476</b>
City Uniondale	State NY	
Zip Code 11553	Purpose of Disbursement	Category/ Type 012
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) <b>B. US Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 260 Elmont Rd		Amount of Each Disbursement this Period 392.00 <b>Transaction ID : SB17.4435</b>
City Elmont	State NY	
Zip Code 11003	Purpose of Disbursement Postage for mailings	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 600 Franklin Ave		Amount of Each Disbursement this Period 735.00 <b>Transaction ID : SB17.4441</b>
City Garden City	State NY	
Zip Code 11530	Purpose of Disbursement Postage for Vet Letter	Category/ Type 001
Candidate Name Blakeman 2014 Inc.	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 04	

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



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.4099**

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

**Bruce Blakeman**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
770 Shore Road  
Unit A

City State ZIP Code  
Long Beach NY 11561

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

**TERMS**

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

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

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

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

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

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

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

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Bruce Blakeman** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 770 Shore Road  
 Unit A

City State ZIP Code  
 Long Beach NY 11561

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

**TERMS**

Date Incurred M 03 / D 28 / Y 2014	Date Due M M / D D / Y Y Y Y Demand	Interest Rate 3.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	200000.00

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