

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Collins for Congress

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))....	7210	892803.81
(b) Total Contribution Refunds (from Line 20(d))	0	420
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7210	892383.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11310.1	432002.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	396.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	11310.1	431606.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	595032.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	500000	

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

Collins for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	210	210
(ii) Unitemized.....	0	381343
(iii) TOTAL of contributions from individuals ▶	210	381553
(b) Political Party Committees.....	0	6250
(c) Other Political Committees (such as PACs).....	7000	505000.81
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7210	892803.81
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	144476.95
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	396.13
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	1500
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7210	1039176.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	11310.1	432002.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	420
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	420
21. OTHER DISBURSEMENTS	2000	13200
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	11310.1	445622.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	601132.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7210
25. SUBTOTAL (add Line 23 and Line 24).....	608342.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13310.1
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	595032.08

**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 15
	<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)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Elizabeth Reszka

Mailing Address 3615 Lake Avenue

City: **Blasdell** State: **NY** Zip Code: **14219-1509**

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

Name of Employer: **NA** Occupation: **Disabled**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **370**

Date of Receipt: **10 / 10 / 2014**

Transaction ID : A-CF11118

Amount of Each Receipt this Period: **10**

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

Mailing Address 9815 Colby Road

City: **Corfu** State: **NY** Zip Code: **14036-9554**

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

Name of Employer: **Corfu Machine Co.** Occupation: **Machinest**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: **100**

Date of Receipt: **10 / 01 / 2014**

Transaction ID : A-CF11139

Amount of Each Receipt this Period: **100**

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

Mailing Address 7055 Chestnut Ridge Road

City: **Orchard Park** State: **NY** Zip Code: **14127-3802**

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: **100**

Date of Receipt: **10 / 01 / 2014**

Transaction ID : A-CF11140

Amount of Each Receipt this Period: **100**

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

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

210.00

210.00

**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 15
	<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)
Collins for Congress

A. Full Name (Last, First, Middle Initial)
Dunkin' Brands, Inc. Political Action Committee

Mailing Address 130 Royall Street

City Canton State MA Zip Code 02021-1010

FEC ID number of contributing federal political committee. **C** C00431544

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000

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

Transaction ID : A-CF11120

Amount of Each Receipt this Period
 1000

B. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4000

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

Transaction ID : A-CF11119

Amount of Each Receipt this Period
 1000

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address 412 1st Street SE

City Washington State DC Zip Code 20003-1804

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : A-CF11122

Amount of Each Receipt this Period
 5000

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

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

7000.00

7000.00

**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 7 OF 15	
	<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)
Collins for Congress

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 1872.54
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : B-E-11137
Purpose of Disbursement Credit card payment		Category/Type 001	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Travelocity			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 3150 Sabre Drive			Amount of Each Disbursement this Period 232.2
City Southlake	State TX	Zip Code 76092-2103	Transaction ID : B-S-475
Purpose of Disbursement Travel airfare		Category/Type 002	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(10/15/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) c. Travelocity			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 3150 Sabre Drive			Amount of Each Disbursement this Period 232.2
City Southlake	State TX	Zip Code 76092-2103	Transaction ID : B-S-476
Purpose of Disbursement Travel airfare		Category/Type 002	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(10/15/14)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1872.54
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 8 OF 15	
	<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)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500
City Washington	State DC	Zip Code 20003-1164
Purpose of Disbursement Software	Category/Type 001	
Candidate Name		Transaction ID : B-S-477
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] Subitemization of American Express(10/15/14)
State: District:		

Full Name (Last, First, Middle Initial) B. Emma, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 30
City Nashville	State TN	Zip Code 37204-2204
Purpose of Disbursement Monthly email	Category/Type 001	
Candidate Name		Transaction ID : B-S-479
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] Subitemization of American Express(10/15/14)
State: District:		

Full Name (Last, First, Middle Initial) c. Epiphany Productions		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 3255.38
City Alexandria	State VA	Zip Code 22301-1015
Purpose of Disbursement Fundraising consultant	Category/Type 001	
Candidate Name		Transaction ID : B-E-11134
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).....	3255.38
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 9 OF 15
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Jocelyn Jakubus		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 68 Brockett Drive		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-11135
City Tonawanda	State NY	
Zip Code 14223-1421	Purpose of Disbursement Finance consultant	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. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 144 2nd Street Floor 1		Amount of Each Disbursement this Period 9 Transaction ID : B-E-11141
City San Francisco	State CA	
Zip Code 94105-3718	Purpose of Disbursement Credit card processing fee	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) C. United States Postal Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 229 W Genesee Street		Amount of Each Disbursement this Period 106.59 Transaction ID : B-E-11142
City Buffalo	State NY	
Zip Code 14202-2604	Purpose of Disbursement Administrative/Salary/Overhead: 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:	

SUBTOTAL of Disbursements This Page (optional).....	1115.59
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 10 OF 15	
	<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)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Marketing Technologies of WNY		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 2495 Main Street Suite 454		Amount of Each Disbursement this Period 5066.59
City Buffalo State NY Zip Code 14214-2152	Purpose of Disbursement Event mailings	Transaction ID : B-E-11136
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) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) 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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5066.59
TOTAL This Period (last page this line number only).....	11310.10

**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 11 OF 15	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Collins for Congress

Full Name (Last, First, Middle Initial) A. Zeldin for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 859.06
City Shirley State NY Zip Code 11967-2758	Purpose of Disbursement In kind fundraising from american express payment 10/15/14	Transaction ID : B-I-11138
Candidate Name Lee Zeldin	Category/Type 003	[MEMO ITEM] Inkind Donation Made
Office Sought: <input checked="" 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. Poliquin for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address PO Box 50		Amount of Each Disbursement this Period 2000
City Oakland State ME Zip Code 04963-0050	Purpose of Disbursement Political Contribution: Contribution	Transaction ID : B-E-11121
Candidate Name Bill Poliquin	Category/Type 011	
Office Sought: <input checked="" 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: ME 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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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)
Collins for Congress

Transaction ID : SC/10-L4

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

Christopher C Collins

[PERSONAL FUNDS]

Election: 2012

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address

9660 Cobblestone Drive

City

State

ZIP Code

Clarence

NY

14031-1576

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4500

0

4500

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 / 26 / 2012

None

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

4500.00

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

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

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

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L5**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
245500	0	245500

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 17 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	▶	245500.00
TOTALS This Period (last page in this line only).....	▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L6**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000	0	100000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 30 / Y 2012	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L8**

LOAN SOURCE Full Name (Last, First, Middle Initial) Christopher C Collins	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000	0	150000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2012	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	150000.00
TOTALS This Period (last page in this line only).....	500000.00

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