PAGE 1 / 15

Image# 14952392547

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		authorized Co	mmittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typing, ty over the lines.	pe 12FE4M	15
Collins for Congre	9 SS				I
	PO Box 386				
ADDRESS (number and str	reet)				
Check if differer than previously reported. (ACC)	∣ Clarence			NY	14031-0386
2. FEC IDENTIFICATI	ION NUMBER ▼	CITY ▲		STATE A	ZIP CODE
C C00520379		3. IS THIS REPORT	X NEW (N) O	AMEN (A)	STATE ▼ DISTRICT NY 27
4. TYPE OF REPOR	RT (Choose One)	(b) 12-Day PI	RE -Election Report fo	or the:	
(a) Quarterly Repor	ts:	Г	Primary (12P)	X General	(12G) Runoff (12R)
April 15 Qu	arterly Report (Q1)	Ē	Convention (12C)	- F	
July 15 Qua	arterly Report (Q2)				
October 15	Quarterly Report (Q3)	Election	11	04 7 2014	in the NY State of
January 31	Year-End Report (YE)	(c) 30-Day P (DST -Election Report	for the:	
			General (30G)	Runoff (30R) Special (30S)
Termination	Report (TER)	Election of	on	D / Y " Y " Y "	in the State of
5. Covering Period	M M / D D /	ү ү ү ү ү 2014	through	10 15	/ Y Y Y Y Y 2014
I certify that I have exam	nined this Report and to	the best of my	knowledge and belie	f it is true, correct a	nd complete.
Type or Print Name of Tr	reasurer Jocelyn Jakub	ous			
Signature of Treasurer	Jocelyn Jakubus		[Electronically Filed]	Date 10	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e, erroneous, or incomple	ete information ma	ay 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

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 15

Write or Type Committee Name

Collins	for	Congress
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R	Report Covering the Period: From:	10 / 01 / Y Y Y Y Y TO:	10 / D / Y Y 2014 Y
		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 PAGE 3 / 15 FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Collins for Congress

10 01 2014 10 15 2014 Report Covering the Period: From: To:

I. F	RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
I1. CONTRIBUTION	S (other than loans) FROM:				
Political Co	Persons Other Than mmittees d (use Schedule A)	210	210		
, ,	zedof contributions	0	381343		
	dividuals	210	381553		
	rty Committees	0	6250		
` '	ACs)	7000	505000.81		
(e) TOTAL CON	ate	0	0		
(other than (add Lines	10ans) 11(a)(iii), (b), (c), and (d))	7210	892803.81		
2. TRANSFERS FR AUTHORIZED C	OM OTHER	0	144476.95		
	uaranteed by the	0	0		
(c) TOTAL LOA	oans NNS 13(a) and (b))	0			
4. OFFSETS TO O EXPENDITURES (Refunds, Rebat		0	396.13		
5. OTHER RECEIP (Dividends, Inter	TS est, etc.)	0	1500		
6. TOTAL RECEIP 11(e), 12, 13(c), (Carry Total to L	TS (add Lines 14, and 15) ine 24, page 4)	7210	1039176.89		

DETAILED SUMMARY PAGE

of Disbursements PAGE 4 / 15 FEC Form 3 (Revised 02/2003)

	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 (c) TOTAL LOAN REPAYMENTS	0	0
	(add Lines 19(a) and (b))		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)	13310.1	445622.49
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING 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 (fro	om Line 22)	13310.1
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		595032.08

FOR LINE NUMBER: PAGE 5 OF 15 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page 12 13a 13b

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS 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 Full Name (Last, First, Middle Initial) Elizabeth Reszka Date of Receipt Mailing Address 3615 Lake Avenue 10 2014 10 City State Zip Code Transaction ID: A-CF11118 NY 14219-1509 Blasdell FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 10 Name of Employer Occupation NA Disabled Receipt For: 2014 Election Cycle-to-Date X General Primary 370 Other (specify) Full Name (Last, First, Middle Initial) David Johnson Date of Receipt Mailing Address 9815 Colby Road 10 01 2014 City State Zip Code Transaction ID: A-CF11139 Corfu NY 14036-9554 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100 Name of Employer Occupation Machinest Corfu Machine Co. Receipt For: 2014 Election Cycle-to-Date M General Primary 100 Other (specify) Full Name (Last, First, Middle Initial) Lawrence Schultz Date of Receipt Mailing Address 7055 Chestnut Ridge Road 2014 01 City Zip Code State Transaction ID: A-CF11140 NY Orchard Park 14127-3802 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100 Name of Employer Occupation Self Attorney Receipt For: 2014 Election Cycle-to-Date X General Primary 100 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... 210.00

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

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

	F(OR LINE	NU	MBER:		PAGE		6	OF		15
Use separate schedule(s)	(c	(check only one)									
for each category of the		11a		11b	X	11c		110	d		
Detailed Summary Page		12		13a		13b		14			15

_			Detaile	eu Summa	y i age	$oxed{oxed}$	12		13a	13b	14	15
	y information copied from such Reports and Si for commercial purposes, other than using the									of soliciti		outions
	NAME OF COMMITTEE (In Full) Collins for Congress											
Α.	Full Name (Last, First, Middle Initial) Dunkin' Brands, Inc. Political Action (Committe	е				Date o	f Rec	ceint			
Λ.	Mailing Address 130 Royall Street						10	_	10		2014	Y
	City Canton	State MA	-	Code 021-1010		Т	ransact	tion I	D : A-0	CF11120		
	FEC ID number of contributing federal political committee.	C co	0431544				Amoun	t of l	Each F	Receipt th	nis Period	
	Name of Employer	Occupation	า					-	,		10	00
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Da	ate	1000							
В.	Full Name (Last, First, Middle Initial) National Association of Realtors PA	4C					Date o	f Red	ceipt			
D.	Mailing Address 430 N Michigan Avenue						M M M	/	10		2014	Y
	City Chicago	State IL		Code 311-4011		T	ransact	ion I	D : A-0	CF11119		
	FEC ID number of contributing federal political committee.	C cod	0030718				Amoun	nt of	Each F	Receipt th	nis Period	
	Name of Employer	Occupation	1				_	-	-		10	000
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Da		4000							
_	Full Name (Last, First, Middle Initial) Dealers Election Action Committee	ee					Date o	f Red	ceipt			
C.	Mailing Address 412 1st Street SE						M M M		15		2014	Υ
	City Washington	State DC		Code 03-1804		_т	ransac	tion l	ID : A-	CF11122		
	FEC ID number of contributing federal political committee.	C co	0040998				Amoun	nt of	Each F	Receipt th	nis Period	
	Name of Employer	Occupation	า					_	,		50	000
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Da	ate	7500							
s	UBTOTAL of Receipts This Page (optional)						Ċ				7000.	00
Г	OTAL This Period (last page this line number o								,	,	7000.	00

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each catego Detailed Summa	ry of the	FOR LINE NUMBER: PAGE 7 OF 15 (check only one) X 17
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
\vdash	NAME OF COMMITTEE (In Full) Collins for Congress			
A.	Full Name (Last, First, Middle Initial) American Express			Date of Disbursement
	Mailing Address PO Box 1270			10 15 2014
	City Newark	State Zip Code NJ 07101-1270		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card payment		001	1872.54 Transaction ID : B-E-11137
	Candidate Name		Category, Type	
	Senate President	Primary General Other (specify)	, ,,,	Original vendors exceeding reporting threshold itemiz as memo transactions.
	State: District: Full Name (Last, First, Middle Initial)			
В.	Travelocity			Date of Disbursement
	Mailing Address 3150 Sabre Drive	10 13 2014		
	City Southlake	State Zip Code TX 76092-2103		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel airfare		002	232.2 Transaction ID : B-S-475
	Candidate Name		Category, Type	
	Senate President	Oursement For: 2014 Primary General Other (specify)		Subitemization of American Express(10/15/14)
	State: District: Full Name (Last, First, Middle Initial)			
	Travelocity			Date of Disbursement
	Mailing Address 3150 Sabre Drive			10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Southlake	State Zip Code TX 76092-2103		Amount of Each Disbursement this Period
	Purpose of Disbursement Travel airfare		002	232.2
	Candidate Name		Category, Type	Transaction ID : B-S-476 [MEMO ITEM]
	Office Sought: House Senate President Dist	Primary General Other (specify)		Subitemization of American Express(10/15/14)
	State: District:			

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

State:

District:

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

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

SCHEDULE B (FEC Form 3)

PAGE 8 15 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Collins for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Aristotle 2014 Mailing Address 205 Pennsylvania Avenue SE 10 01 City State Zip Code Amount of Each Disbursement this Period DC Washington 20003-1164 Purpose of Disbursement 500 Software 001 Transaction ID: B-S-477 Candidate Name Category/ Type [MEMO ITEM] Disbursement For: 2014 Office Sought: House Subitemization of American Express(10/15/14) X General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Emma, Inc. Date of Disbursement Mailing Address 2120 8th Avenue S 10 02 2014 City State Zip Code Amount of Each Disbursement this Period TN 37204-2204 Nashville Purpose of Disbursement 30 Monthly email 001 Transaction ID: B-S-479 Candidate Name Category/ [MEMO ITEM] Type Disbursement For: Office Sought: House 2014 Subitemization of American Express(10/15/14) Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Epiphany Productions Mailing Address 104 Hume Avenue 10 2014 13 City State Zip Code Amount of Each Disbursement this Period 22301-1015 Alexandria VA Purpose of Disbursement 3255.38 Fundraising consultant 001 Transaction ID : B-E-11134 Candidate Name Category/ Type Office Sought: Disbursement For: 2014 House X General Senate Primary President Other (specify)

3255.38

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SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	edule(s) (d of the Page	FOR LINE NUMBER: PAGE 9 OF 15 check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full)			
Collins for Congress			
Full Name (Last, First, Middle Initial) Jocelyn Jakubus			Date of Disbursement
Mailing Address 68 Brockett Drive			10 10 2014
City State Tonawanda NY	Zip Code 14223-1421		Amount of Each Disbursement this Period
Purpose of Disbursement Finance consultant		001	1000 Transaction ID : B-E-11135
Candidate Name		Category/ Type	
State: District: Full Name (Last, First, Middle Initial)			
Mailing Address 144 2nd Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y
Floor 1 City State	Zip Code		Amount of Each Disbursement this Period
San Francisco CA Purpose of Disbursement Credit card processing fee	94105-3718	001	9
Candidate Name		Category/ Type	Transaction ID : B-E-11141
President Other	For: 2014 ary X General r (specify)		
State: District: Full Name (Last, First, Middle Initial)			
United States Postal Service			Date of Disbursement
Mailing Address 229 W Genesee Street			10 03 _ 2014 _
City State Buffalo NY	Zip Code 14202-2604		Amount of Each Disbursement this Period
Purpose of Disbursement Administrative/Salary/Overhead: Postage		001	106.59 Transaction ID : B-E-11142
Candidate Name		Category/ Type	
Office Sought: House Disbursement			

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

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

SCHEDULE B (FEC Form 3)

	FOR LINE NUME		PAGE	10	OF	15
Use separate schedule(s)	(check only one)					
for each category of the Detailed Summary Page	X 17	18		19a		19b
Detailed Suffillary Fage	20a	20b		20c		21
ay not be sold or used by any	person for the pu	rpose of so	oliciting	cont	ributio	ns
address of any political commit	tee to solicit contri	ibutions fro	m such	com	ımitte	€.

TE	MIZED DISBURSEMENTS	for each categor Detailed Summa		X 17 18 19a 19b 20a 20b 20c 21
or f	information copied from such Reports and Statements mor commercial purposes, other than using the name and a			
\	IAME OF COMMITTEE (In Full) Collins for Congress			
4.	ull Name (Last, First, Middle Initial) Marketing Technologies of WNY Mailing Address 2495 Main Street			Date of Disbursement 10 13 2014
F G	Suite 454 State Suffalo Surpose of Disbursement Event mailings Candidate Name Office Sought: Senate Primary President Other (s	X General	001 Category/ Type	Amount of Each Disbursement this Period 5066.59 Transaction ID: B-E-11136
F 3.	tate: District: ull Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
Ē	Curpose of Disbursement Candidate Name Office Sought: House Disbursement Form Senate Primary President Other (s	General	Category/ Type	Amount of Each Disbursement this Period
). -	tate: District: ull Name (Last, First, Middle Initial) Mailing Address			Date of Disbursement
Ē C	Candidate Name Diffice Sought: House Disbursement Formula Senate Primary Other (state: District:	General	Category/ Type	Amount of Each Disbursement this Period
	BTOTAL of Disbursements This Page (optional)			5066.59
то	TAL This Period (last page this line number only)			11310.10

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 15 (check only one) 17 18 19a 19b 20a 20b 20c X 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Collins for Congress	audices of all political collision	
Full Name (Last, First, Middle Initial) A. Zeldin for Congress		Date of Disbursement
Mailing Address 47 Flintlock Drive		10 07 2014
City State Shirley NY	Zip Code 11967-2758	Amount of Each Disbursement this Period
Purpose of Disbursement In kind fundraising from american express payment 10/15/ Candidate Name		859.06 Transaction ID : B-I-11138
Lee Zeldin Office Sought: House Disbursement Fo		[MEMO ITEM] Inkind Donation Made
State: District:	y X General (specify)	
Full Name (Last, First, Middle Initial) Poliquin for Congress		Date of Disbursement
Mailing Address PO Box 50		10 10 7 2014
City State Oakland ME	Zip Code 04963-0050	Amount of Each Disbursement this Period
Purpose of Disbursement Political Contribution: Contribution	011	2000 Transaction ID : B-E-11121
Candidate Name Bill Poliquin	Category, Type	
Office Sought: Senate Disbursement Formula		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M " M / D " D / Y " Y " Y " Y
City State 2	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		
Office Sought: House Senate President State: Disbursement Foundation Other		
SUBTOTAL of Disbursements This Page (optional)		2000.00
TOTAL This Period (last page this line number only)		2000.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

12

×	13a
	13b

15

Detailed Summary Page Transaction ID: SC/10-L4 NAME OF COMMITTEE (In Full) Collins for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Christopher C Collins General X Other (specify) Mailing Address 9660 Cobblestone Drive Primary 2012 City State ZIP Code NY 14031-1576 Clarence Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4500 0 4500 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D26 ^M 03^M Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

13

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Detailed Summary Page Transaction ID: SC/10-L5 NAME OF COMMITTEE (In Full) Collins for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Christopher C Collins General X Other (specify) Mailing Address 9660 Cobblestone Drive Primary 2012 City State ZIP Code NY 14031-1576 Clarence Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 245500 0 245500 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 04^M ^D 17 Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

14

\ /	4.0
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Detailed Summary Page Transaction ID: SC/10-L6 NAME OF COMMITTEE (In Full) Collins for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Christopher C Collins General X Other (specify) Mailing Address 9660 Cobblestone Drive General 2012 City State ZIP Code NY 14031-1576 Clarence Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 100000 0 100000 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M08^M Ž012 0.00 Ňoně % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

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Detailed Summary Page Transaction ID: SC/10-L8 NAME OF COMMITTEE (In Full) Collins for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Christopher C Collins General X Other (specify) Mailing Address 9660 Cobblestone Drive General 2012 City State ZIP Code NY 14031-1576 Clarence Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 150000 0 150000 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 09^M Ž012 0.00 Ňoně % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.