

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Marino 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)).... | 131665.87 | 714533.01 |
| (b) Total Contribution Refunds (from Line 20(d)) | 500.00 | 1921.25 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 131165.87 | 712611.76 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 69920.66 | 413958.68 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 290.00 | 290.19 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 69630.66 | 413668.49 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 385297.07 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

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

Marino 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)..... | 49801.00 | 351395.60 |
| (ii) Unitemized..... | 6170.00 | 17432.54 |
| (iii) TOTAL of contributions from individuals ▶ | 55971.00 | 368828.14 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 75694.87 | 345704.87 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 131665.87 | 714533.01 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 5459.71 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 290.00 | 290.19 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 131955.87 | 720282.91 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 69920.66 | 413958.68 |
| 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 | 500.00 | 1921.25 |
| (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))..... | 500.00 | 1921.25 |
| 21. OTHER DISBURSEMENTS | 0.00 | 77568.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 70420.66 | 493447.93 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 323761.86 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 131955.87 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 455717.73 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 70420.66 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 385297.07 |

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

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

FOR LINE NUMBER: PAGE 5 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DOMINICK AGRON

Mailing Address **P.O. BOX 10**

City **DINGMANS FERRY** State **PA** Zip Code **18328-0010**

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

Name of Employer **REGENERON** Occupation **MANAGERIAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
02 / 01 / 2016

Transaction ID : SA11.5724

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VIVIAN E. ALTMAN

Mailing Address **111 HARVEY AVENUE**

City **WESTFIELD** State **PA** Zip Code **16950-1107**

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

Name of Employer **NA** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
02 / 15 / 2016

Transaction ID : SA11.5776

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES J. ANDERSON

Mailing Address **100 STREET RD.**

City **NEW HOPE** State **PA** Zip Code **18938-9200**

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

Name of Employer **JAMES J ANDERSON CONSTRUCTION CO IN** Occupation **CONSTRUCTION**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
02 / 19 / 2016

Transaction ID : SA11.5788

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

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

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

2750.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JAMES G. APPLE

Mailing Address 1004 WENDING WAY

City State Zip Code
LEWISBURG PA 17837-9520

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

Name of Employer Occupation
EARTHGRAINS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11.5766

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID F. BALSHUKAT

Mailing Address JOE HILL RD

City State Zip Code
ROARING BRANCH PA 17765-

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

Name of Employer Occupation
TIOGA MILLWRIGHTS LLC MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 06 / 2016

Transaction ID : SA11.5954

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NICHOLAS A. BARNA

Mailing Address 831 COURT STREET

City State Zip Code
HONESDALE PA 18431-1830

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : SA11.5717

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
KENT BENNETT

Mailing Address **280 HOLLOW ROAD**

City **MUNCY** State **PA** Zip Code **17756-5789**

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

Name of Employer **KENT BENNETT & ASSOCIATES** Occupation **FINANCIAL ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 01 / 2016

Transaction ID : SA11.5917

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MAX E. BINGAMAN

Mailing Address **PO BOX 247**

City **KREAMER** State **PA** Zip Code **17833-0247**

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

Name of Employer **BINGAMAN & SON LUMBER, INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2016

Transaction ID : SA11.5729

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN R. BRACEY

Mailing Address **921 DRINKER TURNPIKE
SUITE 24**

City **COVINGTON TOWNSHIP** State **PA** Zip Code **18444-7948**

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

Name of Employer **BRACEY SUPERMARKETS INC.** Occupation **SECRETARY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.5908

Amount of Each Receipt this Period
5200.00

Memo Item
CONTRIBUTION

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

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

800.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
SUSAN R. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City COVINGTON TOWNSHIP State PA Zip Code 18444-7948

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

Name of Employer BRACEY SUPERMARKETS INC. Occupation SECRETARY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11.5908B

Amount of Each Receipt this Period
-2500.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
SUSAN R. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City COVINGTON TOWNSHIP State PA Zip Code 18444-7948

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

Name of Employer BRACEY SUPERMARKETS INC. Occupation SECRETARY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2016

Transaction ID : SA11.5913

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
WILLIAM G. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City COVINGTON TOWNSHIP State PA Zip Code 18444-7948

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

Name of Employer BRACEY'S SUPERMARKETS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11.5708

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

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

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

0.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
SUSAN R. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City State Zip Code
COVINGTON TOWNSHIP PA 18444-7948

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

Name of Employer Occupation
BRACEY SUPERMARKETS INC. SECRETARY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SA11.B5908

Amount of Each Receipt this Period
5200.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
WILLIAM G. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City State Zip Code
COVINGTON TOWNSHIP PA 18444-7948

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

Name of Employer Occupation
BRACEY'S SUPERMARKETS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SA11.B5909

Amount of Each Receipt this Period
-5200.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
WILLIAM G. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City State Zip Code
COVINGTON TOWNSHIP PA 18444-7948

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

Name of Employer Occupation
BRACEY'S SUPERMARKETS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11.5909

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 10 OF 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM G. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City State Zip Code
COVINGTON TOWNSHIP PA 18444-7948

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

Name of Employer Occupation
BRACEY'S SUPERMARKETS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 29 2016

Transaction ID : SA11.5909B

Amount of Each Receipt this Period
-100.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
WILLIAM G. BRACEY

Mailing Address 921 DRINKER TURNPIKE
SUITE 24

City State Zip Code
COVINGTON TOWNSHIP PA 18444-7948

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

Name of Employer Occupation
BRACEY'S SUPERMARKETS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 29 2016

Transaction ID : SA11.5911

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. DAVID BROJACK

Mailing Address 350 COMMERCE DR

City State Zip Code
SCOTT TOWNSHIP PA 18447-7738

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

Name of Employer Occupation
BROJACK LUMBER OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 02 2016

Transaction ID : SA11.5794

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
REFUNDED \$500.00 ON 02/29/2016

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

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

500.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
BROOKS BRUNSON

Mailing Address 138 QUINCY PLACE NW

City WASHINGTON State DC Zip Code 20002-2429

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

Name of Employer BROWNSTEIN, HYATT FARBER ET AL Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5843

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDMUND J. CARR

Mailing Address 1949 NEWTON RANSOM BLVD

City CLARKS SUMMIT State PA Zip Code 18411-9628

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

Name of Employer SCRANTON LABEL INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5815

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDMUND J. CARR

Mailing Address 1949 NEWTON RANSOM BLVD

City CLARKS SUMMIT State PA Zip Code 18411-9628

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

Name of Employer SCRANTON LABEL INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5851

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

REATTRIBUTION / REDESIGNATION REQUESTED
SEE REATTRIBUTION

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

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

3700.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DARLENE J. CARR

Mailing Address 1949 NEWTON RANSOM BLVD

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| CLARKS SUMMIT | PA | 18411-9628 |

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

| | |
|---------------------|------------|
| Name of Employer | Occupation |
| SCRANTON LABEL INC. | SECRETARY |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11.5876

Amount of Each Receipt this Period
1500.00

Memo Item
 CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
EDMUND J. CARR

Mailing Address 1949 NEWTON RANSOM BLVD

| | | |
|---------------|-------|------------|
| City | State | Zip Code |
| CLARKS SUMMIT | PA | 18411-9628 |

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

| | |
|--------------------|------------|
| Name of Employer | Occupation |
| SCRANTON LABEL INC | OWNER |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11.5851B

Amount of Each Receipt this Period
-1500.00

Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
GUNTHER O. CARRLE

Mailing Address 101 EAST PARK ROAD

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| HAVERTOWN | PA | 19083-5419 |

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

| | |
|-----------------------------------|------------------|
| Name of Employer | Occupation |
| POWELL TRACPOWELL TRACHTMAN LOGAN | PARTNER/ATTORNEY |

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11.5755

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JAMES CASIMIRO

Mailing Address 115 MOUNTAINVIEW COURT

City MATAMORAS State PA Zip Code 18336-1557

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5840

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL W. CAVAGE

Mailing Address 116 WEST 11TH STREET

City HONESDALE State PA Zip Code 18431-1902

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

Name of Employer PIONEER CONSTRUCTION COMPANY Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.5904

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVIS R. CHANT

Mailing Address 106 EAST HARFORD STREET

City MILFORD State PA Zip Code 18337-1002

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

Name of Employer SELF-EMPLOYED Occupation REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016

Transaction ID : SA11.5933

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

2100.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
WALTER T. CHEEK JR.

Mailing Address 327 JAMES STREET

City KINGSTON State PA Zip Code 18704-5649

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5863

Amount of Each Receipt this Period
 50.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROBERT E. CHIANELLI

Mailing Address 411 BROAD STREET

City MONTOURSVILLE State PA Zip Code 17754-2315

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2016

Transaction ID : SA11.5725

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAMELA A. CLIFFORD

Mailing Address 12 SITTING BULL TRAIL

City GOULDSBORO State PA Zip Code 18424-8874

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : SA11.5773

Amount of Each Receipt this Period
 25.00

Memo Item
CONTRIBUTION

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

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

1075.00

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

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

FOR LINE NUMBER: PAGE 15 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
PAMELA A. CLIFFORD

Mailing Address 12 SITTING BULL TRAIL

City State Zip Code
GOULDSBORO PA 18424-8874

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5857

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JUDITH CONKLIN

Mailing Address 1113 TULE STREET

City State Zip Code
MONTOURSVILLE PA 17754-1131

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

Name of Employer Occupation
C & I BOILER REPAIR OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5813

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL G. CROFTON

Mailing Address 1740 E WILLOW GROVE AVE

City State Zip Code
LAVEROCK PA 19038-7262

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

Name of Employer Occupation
THE PHILADELPHIA TRUST CO. FINANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016

Transaction ID : SA11.5727

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 16 OF 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JAMES E. DONAHUE

Mailing Address **62 ROCKLEDGE ROAD**

City **LAPORTE** State **PA** Zip Code **18626-**

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

Name of Employer **COMPLETE CLEANING SERVICES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 01 / 2016

Transaction ID : SA11.5726

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CAROLYN DOOLITTLE

Mailing Address **23722 STATE ROUTE 267**

City **FRIENDSVILLE** State **PA** Zip Code **18818-8612**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11.5778

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HENRY C. DUNN

Mailing Address **317 MAIN STREET**

City **TOWANDA** State **PA** Zip Code **18848-1805**

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

Name of Employer **HENRY DUNN, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.5921

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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: PAGE 17 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DONALD J. ELY

Mailing Address P.O. BOX 765

City SUNBURY State PA Zip Code 17801-0765

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **315.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11.5770

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN M. FISCHETTI

Mailing Address 86 FACTORY ROAD

City COGAN STATION State PA Zip Code 17728-9244

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

Name of Employer MORGAN STANLEY Occupation FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11.5867

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARRY E. FORBES

Mailing Address 125 CHIPPY COLE RD

City MILFORD State PA Zip Code 18337-6532

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11.5753

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

650.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ELIZABETH FRAZEE

Mailing Address 6313 EVERMAY DRIVE

City State Zip Code
MCLEAN VA 22101-2309

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

Name of Employer Occupation
TWIN LOGIC STRATEGIES GOVERNMENT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 10 / 2016

Transaction ID : SA11.5732

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS M. GEHRET

Mailing Address 44 OVERHILL ROAD

City State Zip Code
WILLIAMSPORT PA 17701-1344

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

Name of Employer Occupation
NORCEN INDUSTRIES, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5742

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHAD GEISE

Mailing Address 132 VICTORIA LANE

City State Zip Code
LEWISBURG PA 17837-9219

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

Name of Employer Occupation
FURMONO FOODS OFFICE ADMIN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : SA11.5715

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

**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 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT C. GRIMM

Mailing Address P.O. BOX 172

City State Zip Code
WAYMART PA 18472-0172

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

Name of Employer Occupation
GRIMM CONSTRUCTION BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11.5772

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVIS C. C. HAIRE OD

Mailing Address 424 KEN MAR DRIVE

City State Zip Code
MESHOPPEN PA 18630-8003

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

Name of Employer Occupation
SELF OPTOMETRIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : SA11.5945

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIAN HARD

Mailing Address 10 SEVEN SPRINGS DR.

City State Zip Code
READING PA 19607-9766

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

Name of Employer Occupation
PENSKE TRUCK RENTAL EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2015

Transaction ID : SA11.5683

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 20 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
BRIAN HARD

Mailing Address 10 SEVEN SPRINGS DR.

City READING State PA Zip Code 19607-9766

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

Name of Employer PENSKE TRUCK RENTAL Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11.B5804

Amount of Each Receipt this Period
 -2300.00

Memo Item
 CONTRIBUTION
 REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
JANICE HARD

Mailing Address 10 SEVEN SPRINGS DR.

City READING State PA Zip Code 19607-9766

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11.B5803

Amount of Each Receipt this Period
 2300.00

Memo Item
 CONTRIBUTION
 REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
MR. JOHN P. HERON

Mailing Address P.O. BOX 244

City GREENTOWN State PA Zip Code 18426-0244

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : SA11.5750

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

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

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

25.00

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

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

FOR LINE NUMBER: PAGE 21 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN P. HERON

Mailing Address P.O. BOX 244

City State Zip Code
GREENTOWN PA 18426-0244

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016

Transaction ID : SA11.5783

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRIS HOFFMAN

Mailing Address 4716 MOUNTAIN ROAD

City State Zip Code
MCALISTERVILLE PA 17049-8333

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5824

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRIS HOFFMAN

Mailing Address 4716 MOUNTAIN ROAD

City State Zip Code
MCALISTERVILLE PA 17049-8333

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.5924

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM R. HOFFMAN

Mailing Address **248 GRAMMER ROAD**

City **WILLIAMSPORT** State **PA** Zip Code **17701-8882**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2016

Transaction ID : SA11.5751

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM R. HOFFMAN

Mailing Address **248 GRAMMER ROAD**

City **WILLIAMSPORT** State **PA** Zip Code **17701-8882**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2016

Transaction ID : SA11.5847

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRANDON IGDALSKY

Mailing Address **P.O. BOX 41**

City **LONG POND** State **PA** Zip Code **18334-0041**

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

Name of Employer **POCONO RACEWAY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 07 / 2016

Transaction ID : SA11.5714

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1350.00

**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 23 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
SCOTT M. JENKINS

Mailing Address **24 MEADOWOOD RD.**

City **ROSEMONT** State **PA** Zip Code **19010-1052**

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

Name of Employer **S.M. JENKINS & CO.** Occupation **CONSULTING**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11.5786

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CLARA A. JOHNSON

Mailing Address **115 BRANDYWINE DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-4051**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2016

Transaction ID : SA11.5796

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CLARA A. JOHNSON

Mailing Address **115 BRANDYWINE DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-4051**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11.5889

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 24 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
STEVEN P. JOHNSON

Mailing Address 140 MILLSTONE DR.

City State Zip Code
MONTOURSVILLE PA 17754-6708

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

Name of Employer Occupation
SUSQUEHANNA HEALTH SYSTEMS PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : SA11.5774

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREDERICK B. KELLER

Mailing Address 37 CHRISLYNN DRIVE

City State Zip Code
MIDDLEBURG PA 17842-9302

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

Name of Employer Occupation
CONESTOGA WOOD SPECIALISTS MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016

Transaction ID : SA11.5749

Amount of Each Receipt this Period
 250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARGARET F. KELLER

Mailing Address P.O. BOX 190

City State Zip Code
PORT TREVORTON PA 17864-0190

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016

Transaction ID : SA11.5797

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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 25 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
MARGARET F. KELLER

Mailing Address P.O. BOX 190

City PORT TREVORTON State PA Zip Code 17864-0190

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11.5859

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRED D. KESSLER

Mailing Address 43 MARKET STREET

City LEWISBURG State PA Zip Code 17837-1575

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

Name of Employer NOTTINGHAM VILLAGE Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5738

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD L. KNOEBEL

Mailing Address 206 KNOEBEL BLVD.

City ELYSBURG State PA Zip Code 17824-7125

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

Name of Employer H.H. KNOEBEL SONS INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11.5849

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 26 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
GEORGE E. LOGUE

Mailing Address 454 MOSTELLOR ROAD

City TROUT RUN State PA Zip Code 17771-8828

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

Name of Employer GLENN O HAWBAKER, INC. Occupation CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : SA11.5767

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHARLES W. LUPPERT

Mailing Address 1618 HEATHER LANE

City WILLIAMSPORT State PA Zip Code 17701-9526

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11.5737

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KOOK JIN MOON

Mailing Address 16 N RIDGE ROAD

City POMONA State NY Zip Code 10970-2111

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11.5890

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 27 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DAVID W. MOYER

Mailing Address 471 ROUTE 840

City POCONO LAKE State PA Zip Code 18347-

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

Name of Employer MOYER & PAPILLION Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.5902

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANTHONY R. MUSSARE

Mailing Address 493 WINTHROP STREET

City SOUTH WILLIAMSPORT State PA Zip Code 17702-7257

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

Name of Employer LYCOMING COUNTY Occupation COUNTY COMMISSIONER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11.5884

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. PAUL H. NANCOLLAS

Mailing Address 25 SOMAR DRIVE

City LEWISTOWN State PA Zip Code 17044-9238

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

Name of Employer GEISINGER MEDICAL CENTER Occupation DOCTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
565.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2016

Transaction ID : SA11.5779

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

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

3400.00

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

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

FOR LINE NUMBER: PAGE 28 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DR. PAUL H. NANCOLLAS

Mailing Address 25 SOMAR DRIVE

City LEWISTOWN State PA Zip Code 17044-9238

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

Name of Employer GEISINGER MEDICAL CENTER Occupation DOCTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 565.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5862

Amount of Each Receipt this Period
 _____ 200.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEFFREY H. OLSOMMER

Mailing Address P.O. BOX 893

City HAMLIN State PA Zip Code 18427-0893

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

Name of Employer SELF-EMPLOYED Occupation INSURANCE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11.5872

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GREG R. PERRY

Mailing Address 4563 LAKE ROAD

City TOWANDA State PA Zip Code 18848-9680

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

Name of Employer SUNDANCE LIFE FARM Occupation BUSINESS DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : SA11.5754

Amount of Each Receipt this Period
 _____ 150.00

Memo Item
CONTRIBUTION

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

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

_____ 600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JOSEPH A. PRATO

Mailing Address 514 BRANDON PLACE

City State Zip Code
WILLIAMSPORT PA 17701-3504

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

Name of Employer Occupation
K&J BOULERARD ENTERPRISES INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5735

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ERIC M. PUSEY

Mailing Address 613 NEW STREET

City State Zip Code
OLYPHANT PA 18447-2156

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

Name of Employer Occupation
MEDICAP PHARMACY PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5734

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ERIC M. PUSEY

Mailing Address 613 NEW STREET

City State Zip Code
OLYPHANT PA 18447-2156

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

Name of Employer Occupation
MEDICAP PHARMACY PHARMACIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.5923

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

450.00

**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 30 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
BARRY K. RAKE

Mailing Address **249 BROAD STREET**

City **MONTOURSVILLE** State **PA** Zip Code **17754-**

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

Name of Employer **SELF** Occupation **LIFE INSURANCE AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : SA11.5946

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RENNEL W. RODARMEL

Mailing Address **1221 WINDFIELD DR**

City **WILLIAMSPORT** State **PA** Zip Code **17701-9310**

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

Name of Employer **ALLSTATE** Occupation **AGENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11.5864

Amount of Each Receipt this Period
5400.00

Memo Item
CONTRIBUTION

**REATTRIBUTION / REDESIGNATION REQUESTED
 SEE REATTRIBUTION**

C. Full Name (Last, First, Middle Initial)
MRS. DONITA J. RODARMEL

Mailing Address **1221 WINDFIELD DRIVE**

City **WILLIAMSPORT** State **PA** Zip Code **17701-9310**

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

Name of Employer **NONE** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11.5878

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

REATTRIBUTION FROM SPOUSE

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 31 OF 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
MR. RENNEL W. RODARMEL

Mailing Address 1221 WINDFIELD DR

City State Zip Code
WILLIAMSPORT PA 17701-9310

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

Name of Employer Occupation
ALLSTATE AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11.5864B

Amount of Each Receipt this Period
-2700.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
DONALD D. SAYMAN

Mailing Address 1403 S.W. 10TH DRIVE

City State Zip Code
OKEECHOBEE FL 34974-4977

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
301.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5736

Amount of Each Receipt this Period
251.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DONALD D. SAYMAN

Mailing Address 1403 S.W. 10TH DRIVE

City State Zip Code
OKEECHOBEE FL 34974-4977

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

Name of Employer Occupation
NA RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
301.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11.5886

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

301.00

**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 32 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ANDREW SHORE

Mailing Address 5904 NORTH 22ND STREET

City ARLINGTON State VA Zip Code 22205-3327

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

Name of Employer JOCHUM SHORE & TROSSEVIN PC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SA11.5723

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANDREW SHORE

Mailing Address 5904 NORTH 22ND STREET

City ARLINGTON State VA Zip Code 22205-3327

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

Name of Employer JOCHUM SHORE & TROSSEVIN PC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 05 / 2016

Transaction ID : SA11.5931

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAROL SIDES

Mailing Address 400 UPLAND ROAD

City WILLIAMSPORT State PA Zip Code 17701-1853

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

Name of Employer RETIRED Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11.5782

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

1250.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
MARVIN H. H. STAIMAN

Mailing Address 135 GRAMPIAN BLVD.

City State Zip Code
WILLIAMSPORT PA 17701-1811

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

Name of Employer Occupation
RETIRED CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5741

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARVIN H. H. STAIMAN

Mailing Address 135 GRAMPIAN BLVD.

City State Zip Code
WILLIAMSPORT PA 17701-1811

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

Name of Employer Occupation
RETIRED CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11.5858

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD P. STAIMAN

Mailing Address 201 HEPBURN STREET

City State Zip Code
WILLIAMSPORT PA 17701-6501

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

Name of Employer Occupation
STAIMAN BROTHERS, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11.5854

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

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

450.00

**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 34 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JOSEPH G. STEWART

Mailing Address **213 STEWART ROAD**

City **WILLIAMSPORT** State **PA** Zip Code **17702-8684**

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

Name of Employer **WEST BRANCH PETROLEUM EQUIPMENT CO** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11.5817

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDA L. SUHOSKY

Mailing Address **26 LAKEVIEW HEIGHTS DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-9604**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.5903

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COL ROBERT J. SUHOSKY USA (RET.)

Mailing Address **26 LAKEVIEW HEIGHTS DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-9604**

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

Name of Employer **NORTHEAST INFRASTRUCTURE, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 02 / 2016

Transaction ID : SA11.5747

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
SEE REATTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 99
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
LINDA L. SUHOSKY

Mailing Address **26 LAKEVIEW HEIGHTS DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-9604**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11.5810

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION
REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
COL ROBERT J. SUHOSKY USA (RET.)

Mailing Address **26 LAKEVIEW HEIGHTS DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-9604**

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

Name of Employer **NORTHEAST INFRASTRUCTURE, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11.5747B

Amount of Each Receipt this Period
-150.00

Memo Item
CONTRIBUTION
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
COL ROBERT J. SUHOSKY USA (RET.)

Mailing Address **26 LAKEVIEW HEIGHTS DRIVE**

City **HONESDALE** State **PA** Zip Code **18431-9604**

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

Name of Employer **NORTHEAST INFRASTRUCTURE, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.5905

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 36 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
STEVEN TANENBAUM

Mailing Address 2530 PEARL BUCK RD.

City BRISTOL State PA Zip Code 19007-6809

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

Name of Employer A. WISH COME TRUE Occupation CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11.5791

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRIAN P. TIERNEY

Mailing Address 1020 ROCK CREEK RD.

City BRYN MAWR State PA Zip Code 19010-1925

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

Name of Employer BRIAN COMMUNICATIONS Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11.5787

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WARREN J. J. TRYON

Mailing Address 216 9TH STREET SE

City WASHINGTON State DC Zip Code 20003-2111

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

Name of Employer CAPITOL COUNSEL LLC. Occupation PRINCIPALE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2016

Transaction ID : SA11.5756

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 37 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT SCHELL ULRICH

Mailing Address 1305 ADELE ROAD

City State Zip Code
MONTOURSVILLE PA 17754-9556

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2016

Transaction ID : SA11.5740

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT SCHELL ULRICH

Mailing Address 1305 ADELE ROAD

City State Zip Code
MONTOURSVILLE PA 17754-9556

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2016

Transaction ID : SA11.5848

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES VERDERY

Mailing Address 1605 N. EDGEWOOD STREET

City State Zip Code
ARLINGTON VA 22201-3907

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

Name of Employer Occupation
MONUMENT POLICY GROUP, LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016

Transaction ID : SA11.5733

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
THELMA WHITE

Mailing Address **154 LONGREACH LANE**

City **PENNSDALE** State **PA** Zip Code **17756-8114**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11.5768

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD R. WILLIAMS

Mailing Address **186 GOLF HILL ROAD**

City **HONESDALE** State **PA** Zip Code **18431-4170**

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

Name of Employer **THE METROPOLITAN AVIATION GROUP, LLC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SA11.5771

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWARD R. WILLIAMS

Mailing Address **186 GOLF HILL ROAD**

City **HONESDALE** State **PA** Zip Code **18431-4170**

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

Name of Employer **THE METROPOLITAN AVIATION GROUP, LLC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.5901

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
LAW OFFICE OF CHARLES KANNEBECKER LLC

Mailing Address 104 W HIGH ST

City State Zip Code
MILFORD PA 18337-1618

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2015

Transaction ID : SA11.5730

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION SEE ATTRIBUTION BELOW

B. Full Name (Last, First, Middle Initial)
CHARLES T. KANNEBECKER

Mailing Address P.O. BOX 751

City State Zip Code
DINGMANS FERRY PA 18328-0751

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 29 2016

Transaction ID : SA11.5807

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAW OFFICE OF CHARLES KANNEBECKER LLC

Mailing Address 104 W HIGH ST

City State Zip Code
MILFORD PA 18337-1618

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2015

Transaction ID : SA11.5731

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION SEE ATTRIBUTION BELOW

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

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

0.00

**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 40 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES T. KANNEBECKER

Mailing Address P.O. BOX 751

City State Zip Code
DINGMANS FERRY PA 18328-0751

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 29 2016

Transaction ID : SA11.5806

Amount of Each Receipt this Period
2700.00

Memo Item
 CONTRIBUTION
 PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

B. Full Name (Last, First, Middle Initial)
VICTORIAN HOLDINGS LLC

Mailing Address 960 W THIRD ST

City State Zip Code
WILLIAMSPORT PA 17701-

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 21 2016

Transaction ID : SA11.5887

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION; SEE ATTRIBUTION BELOW

C. Full Name (Last, First, Middle Initial)
KATHRYN S. NASSBERG

Mailing Address 1501 GLEN ECHO ROAD

City State Zip Code
WILLIAMSPORT PA 17701-1779

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

Name of Employer Occupation
VICTORIAN HOLDINGS LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 29 2016

Transaction ID : SA11.5906

Amount of Each Receipt this Period
500.00

Memo Item
 CONTRIBUTION
 PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

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

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

1000.00

**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 41 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD T. NASSBERG

Mailing Address 1501 GLEN ECHO ROAD

City State Zip Code
WILLIAMSPORT PA 17701-1779

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 29 2016

Transaction ID : SA11.5907

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
PARTNERSHIP ATTRIBUTION SEE ATTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

0.00

49801.00

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

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

FOR LINE NUMBER: PAGE 42 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
VICTORY FOR PENNSYLVANIA FUND

Mailing Address 824 S MILLEDGE AVE

City State Zip Code
ATHENS GA 30605-1332

FEC ID number of contributing federal political committee. **C C00577031**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2016.94

Date of Receipt
 M M / D D / Y Y Y Y
 03 30 2016

Transaction ID : SA11.5918

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

JFC FINAL DISTRIBUTION; ALL DONORS PREVIOUSLY REPORTED

B. Full Name (Last, First, Middle Initial)
VICTORY FOR PENNSYLVANIA FUND

Mailing Address 824 S MILLEDGE AVE

City State Zip Code
ATHENS GA 30605-1332

FEC ID number of contributing federal political committee. **C C00577031**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2016.94

Date of Receipt
 M M / D D / Y Y Y Y
 03 30 2016

Transaction ID : SA11.5919

Amount of Each Receipt this Period
1194.87

Memo Item
CONTRIBUTION

JFC DISTRIBUTION

C. Full Name (Last, First, Middle Initial)
ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address 1 N. WAUKEGAN ROAD

City State Zip Code
NORTH CHICAGO IL 60064-1802

FEC ID number of contributing federal political committee. **C C00536573**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 16 2016

Transaction ID : SA11.5763

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2444.87

**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 43 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.5926

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11.5883

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATE- ABC-PAC

Mailing Address 1300 MORRIS DRIVE
SUITE 100

City State Zip Code
CHESTERBROOK PA 19087-5559

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.5892

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 44 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
AMGEN INC. POLITICAL ACTION COMMITTEE

Mailing Address 601 13TH STREET, NW
12TH FLOOR

City WASHINGTON State DC Zip Code 20005-3819

FEC ID number of contributing federal political committee. **C C00251876**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.5894

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AQUA AMERICA H2O PAC

Mailing Address 762 WEST LANCASTER AVENUE

City BRYN MAWR State PA Zip Code 19010-3402

FEC ID number of contributing federal political committee. **C C00340455**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016

Transaction ID : SA11.5784

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS INC

Mailing Address 4250 N FAIRFAX DR 9TH FLOOR

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. **C C30001333**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016

Transaction ID : SA11.5953

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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: PAGE 45 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
BROWNSTEIN HYATT FARBER SCHRECK PAC

Mailing Address 410 SEVENTEENTH STREET
SUITE 2200

City DENVER State CO Zip Code 80202-4432

FEC ID number of contributing federal political committee. **C** C00390583

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.5925

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CARDINAL HEALTH INC. PAC

Mailing Address 7000 CARDINAL PLACE

City DUBLIN State OH Zip Code 43017-1091

FEC ID number of contributing federal political committee. **C** C00332833

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11.5832

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CONSUMER ELECTRONICS ASSOCIATION PAC (CEAPAC)

Mailing Address 1919 SOUTH EADS STREET

City ARLINGTON State VA Zip Code 22202-3028

FEC ID number of contributing federal political committee. **C** C00375048

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11.5834

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 46 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL PAC

Mailing Address 50 F STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20001-1530

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : SA11.5718

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENESIS HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City KENNETT SQUARE State PA Zip Code 19348-3109

FEC ID number of contributing federal political committee. **C C00292094**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11.5785

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POLITICAL ACT

Mailing Address 901 N. GLEBE ROAD, SUITE 1000

City ARLINGTON State VA Zip Code 22203-1854

FEC ID number of contributing federal political committee. **C C00247569**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.5895

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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: PAGE 47 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JOHNSON & JOHNSON PAC

Mailing Address 1 JOHNSON & JOHNSON PLAZA - WT 405

City State Zip Code
NEW BRUNSWICK NJ 08933-

FEC ID number of contributing federal political committee. **C C00010983**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.5831

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LARSON DESIGN GROUP PAC

Mailing Address 1000 COMMERCE PARK DRIVE

City State Zip Code
WILLIAMSPORT PA 17701-5475

FEC ID number of contributing federal political committee. **C C00366229**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5820

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM

Mailing Address 1550 CRYSTAL DR
STE 300

City State Zip Code
ARLINGTON VA 22202-4110

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2016

Transaction ID : SA11.5801

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 48 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMM

Mailing Address 1550 CRYSTAL DR
STE 300

City ARLINGTON State VA Zip Code 22202-4110

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11.5874

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCKESSON CORPORATION EMPLOYEES POLITICAL FUND

Mailing Address ONE POST STREET
34TH FLOOR

City SAN FRANCISCO State CA Zip Code 94104-5238

FEC ID number of contributing federal political committee. **C** C00108035

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11.5833

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MERCK EMPLOYEES PAC - MERCK PAC

Mailing Address 601 PENNSYLVANIA AVE., NW
NORTH BUILDING, SUITE 1200

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.5930

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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: PAGE 49 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF LETTER CARRIERS OF THE UNITED STATES

Mailing Address 100 INDIANA AVE., NW

City WASHINGTON State DC Zip Code 20001-2144

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5826

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC (RPAC)

Mailing Address 430 N. MICHIGAN AVE.

City CHICAGO State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11.5839

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POL

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11.5881

Amount of Each Receipt this Period
 2500.00

Memo Item
CONTRIBUTION

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 50 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City State Zip Code
WASHINGTON DC 20005-4171

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11.5893

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NC

Mailing Address 25 MASSACHUSETTS AVENUE, NW #100

City State Zip Code
WASHINGTON DC 20001-1434

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11.5789

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL COMMUNITY PHARMACISTS ASSOC. PAC

Mailing Address 100 DAINGERFIELD RD

City State Zip Code
ALEXANDRIA VA 22314-2886

FEC ID number of contributing federal political committee. **C C00030809**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11.5922

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

7500.00

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

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

FOR LINE NUMBER: PAGE 51 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL LUMBER & BUILDING MATERIAL DEALERS ASSOCIAION PAC

Mailing Address **2025 M STREET, NW
SUITE 800**
 City **WASHINGTON** State **DC** Zip Code **20036-2422**

FEC ID number of contributing federal political committee. **C C00039214**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2016
Transaction ID : SA11.5929

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION (INSTITUTE FOR LEGISLATIVE ACTION)

Mailing Address **11250 WAPLES MILL ROAD**
 City **FAIRFAX** State **VA** Zip Code **22030-7400**

FEC ID number of contributing federal political committee. **C C70000716**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2016
Transaction ID : SA11.5838

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NELSON MULLINS RILEY & SCARBOROUGH PAC

Mailing Address **P.O. BOX 11070**
 City **COLUMBIA** State **SC** Zip Code **29211-1070**

FEC ID number of contributing federal political committee. **C C00278895**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 25 / 2016
Transaction ID : SA11.5802

Amount of Each Receipt this Period
1000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL 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 52 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE PAC

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2016

Transaction ID : SA11.5792

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11.5949

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BLVD
SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5819

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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: PAGE 53 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BLVD
SUITE 1500

City ARLINGTON State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11.5837

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SANOPI PASTEUR, INC

Mailing Address DISCOVERY DRIVE

City SWIFTWATER State PA Zip Code 18370-

FEC ID number of contributing federal political committee. **C C00215236**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11.5830

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SANOPI US SERVICES, INC. EMPLOYEES PAC

Mailing Address 55 CORPORATE DRIVE

City BRIDGEWATER State NJ Zip Code 08807-1265

FEC ID number of contributing federal political committee. **C C00144345**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : SA11.5827

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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 54 OF 99 |
| | <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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
SARAH PAC

Mailing Address P.O. BOX 7711

City ARLINGTON State VA Zip Code 22207-0711

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2016

Transaction ID : SA11.5951

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TEVA PAC

Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 440

City WASHINGTON State DC Zip Code 20001-7402

FEC ID number of contributing federal political committee. **C C00434811**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.5928

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 929 LONG BRIDGE DR

City ARLINGTON State VA Zip Code 22202-4208

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2016

Transaction ID : SA11.5809

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 55 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 929 LONG BRIDGE DR

City ARLINGTON State VA Zip Code 22202-4208

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2016

Transaction ID : SA11.5875

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THE GLAXOSMITHKLINE PAC

Mailing Address FIVE MOORE DRIVE
 PO BOX 13358

City RES. TRIANGLE PARK State NC Zip Code 27709-0143

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11.5927

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE WILLIAMS COMPANIES, INC. PAC (WILLCO PAC)

Mailing Address 1627 I STREET, NW
 SUITE 900

City WASHINGTON State DC Zip Code 20006-4057

FEC ID number of contributing federal political committee. **C** C00040394

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2016

Transaction ID : SA11.5896

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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: PAGE 56 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
UGI CORP/PAC

Mailing Address **PO BOX**

City **READING** State **PA** Zip Code **19612-**

FEC ID number of contributing federal political committee. **C C00139667**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2016

Transaction ID : SA11.5790

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VEN-PAC

Mailing Address **PO BOX 83142**

City **GAITHERSBURG** State **MD** Zip Code **20883-3142**

FEC ID number of contributing federal political committee. **C C00369660**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 18 / 2016

Transaction ID : SA11.5825

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WESTON SOLUTIONS INC. POLITICAL ACTION COMMITTEE (WESTON PAC)

Mailing Address **1101 14TH STREET NW SUITE 700**

City **WASHINGTON** State **DC** Zip Code **20005-5640**

FEC ID number of contributing federal political committee. **C C00251843**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 16 / 2016

Transaction ID : SA11.5764

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

5500.00

75694.87

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

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

FOR LINE NUMBER: PAGE 57 OF 99
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
PIKE COUNTY REPUBLICAN COMMITTEE- NON FEDERAL

Mailing Address P.O. BOX 161

City State Zip Code
MILFORD PA 18337

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : SA14.2437

Amount of Each Receipt this Period
250.00

Memo Item
VOID CHECK

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

250.00

250.00

**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 59 OF 99 | |
| | <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)
Marino for Congress

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. RYAN BARTON | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016 | |
| Mailing Address 1242 PROSPECT RD | | | Amount of Each Disbursement this Period 7062.61 | |
| City PITTSBURGH | State PA | Zip Code 15227 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.I2339 | |
| 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) B. MARIA DIESEL | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016 | |
| Mailing Address 1533 JOHNS WAY | | | Amount of Each Disbursement this Period 3212.50 | |
| City WEST CHESTER | State PA | Zip Code 19382 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.I2316 | |
| 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. EDIE MARINO | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016 | |
| Mailing Address 385 KINLEY DR. | | | Amount of Each Disbursement this Period 838.50 | |
| City COGAN STATION | State PA | Zip Code 17728 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement REIMBURSEMENT (SEE BELOW) | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.I2328 | |
| 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)..... | 11113.61 |
| 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 60 OF 99 | |
| | <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)
Marino for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. EDIE MARINO | | Date of Disbursement MM / DD / YYYY 02 / 29 / 2016 |
| Mailing Address 385 KINLEY DR. | | Amount of Each Disbursement this Period 727.10 |
| City COGAN STATION | State PA | |
| Zip Code 17728 | Purpose of Disbursement MILEAGE REIMBURSEMENT | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2431 MARINO 3/22 |
| 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) B. KIWANIS CLUB OF WILLIAMSPORT | | Date of Disbursement MM / DD / YYYY 02 / 26 / 2016 |
| Mailing Address 200 W 4TH ST | | Amount of Each Disbursement this Period 16.00 |
| City WILLIAMSPORT | State PA | |
| Zip Code 17701 | Purpose of Disbursement EVENT TICKETS | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2435 MARINO 3/22 |
| 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. MONROE COUNTY REPUBLICAN COMMITTEE | | Date of Disbursement MM / DD / YYYY 02 / 20 / 2016 |
| Mailing Address 112A PARK AVENUE | | Amount of Each Disbursement this Period 40.00 |
| City STROUDSBURG | State PA | |
| Zip Code 18360 | Purpose of Disbursement EVENT TICKETS | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2434 MARINO 3/22 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

**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 61 OF 99 | |
| | <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)
Marino for Congress

| | | | | |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. PENNSYLVANIA TURNPIKE COMMISSION | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016 | |
| Mailing Address PO BOX 67676 | | | Amount of Each Disbursement this Period 17.40 | |
| City HARRISBURG | State PA | Zip Code 17106 | Category/ Type | |
| Purpose of Disbursement TRAVEL | | | | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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) | | Transaction ID : SB17.I2433 MARINO 3/22 | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. PMI | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016 | |
| Mailing Address 1725 DESALES ST NW #200 | | | Amount of Each Disbursement this Period 38.00 | |
| City WASHINGTON | State DC | Zip Code 20036 | Category/ Type | |
| Purpose of Disbursement PARKING | | | | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| 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) | | Transaction ID : SB17.I2432 MARINO 3/22 | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. ROBERT H. NELSON | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016 | |
| Mailing Address 1829 BAY STREET, SE | | | Amount of Each Disbursement this Period 11034.91 | |
| City WASHINGTON | State DC | Zip Code 20003 | Category/ Type | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | | | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| 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) | | Transaction ID : SB17.I2335 | |
| State: _____ | District: _____ | | | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 11034.91 |
| 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 62 OF 99 | |
| | <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)
Marino for Congress

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. ROBERT H. NELSON | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016 | |
| Mailing Address 1829 BAY STREET, SE | | | Amount of Each Disbursement this Period 3500.00 | |
| City WASHINGTON | State DC | Zip Code 20003 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.I2336 | |
| 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) B. ROBERT H. NELSON | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016 | |
| Mailing Address 1829 BAY STREET, SE | | | Amount of Each Disbursement this Period 3500.00 | |
| City WASHINGTON | State DC | Zip Code 20003 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement FUNDRAISING CONSULTING | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.I2337 | |
| 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. PAUL NYMAN | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2016 | |
| Mailing Address 350 PEARSON AVE | | | Amount of Each Disbursement this Period 77.92 | |
| City WILLIAMSPORT | State PA | Zip Code 17701 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement REIMBURSEMENT (SEE BELOW) | | Category/ Type | | |
| Candidate Name | | | Transaction ID : SB17.I2330 | |
| 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)..... | 7077.92 |
| 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 63 OF 99 | | | |
| | <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)
Marino for Congress

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2016 |
| Mailing Address 130 ROYALL ST | | | Amount of Each Disbursement this Period 77.92 |
| City CANTON | State MA | Zip Code 02021 | |
| Purpose of Disbursement FOOD/BEVERAGES | | Category/ Type | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.I2436 NYMAN 2/11 |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016 |
| Mailing Address P.O. BOX 53600 | | | Amount of Each Disbursement this Period 14.60 |
| City PHOENIX | State AZ | Zip Code 85072 | |
| Purpose of Disbursement CC PROCESSING | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.I2287 |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016 |
| Mailing Address P.O. BOX 53600 | | | Amount of Each Disbursement this Period 14.60 |
| City PHOENIX | State AZ | Zip Code 85072 | |
| Purpose of Disbursement CC PROCESSING | | Category/ Type | <input type="checkbox"/> Memo Item |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.I2288 |
| State: District: | | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 29.20 |
| 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 64 OF 99 | | | |
| | <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)
Marino for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016 |
| Mailing Address P.O. BOX 53600 | | Amount of Each Disbursement this Period 7.38 |
| City PHOENIX | State AZ | |
| Zip Code 85072 | Purpose of Disbursement CC PROCESSING | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.I2289 |
| 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) B. AMERICAN EXPRESS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2016 |
| Mailing Address P.O. BOX 53600 | | Amount of Each Disbursement this Period 3.04 |
| City PHOENIX | State AZ | |
| Zip Code 85072 | Purpose of Disbursement CC PROCESSING | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.I2290 |
| 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. BELTWAY CATERING LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016 |
| Mailing Address 1251 PINE HILL ROAD | | Amount of Each Disbursement this Period 1188.00 |
| City MCLEAN | State VA | |
| Zip Code 22101 | Purpose of Disbursement CATERING | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.I2311 |
| 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)..... | 1198.42 |
| 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 65 OF 99 | |
| | <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)
Marino for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. BRADFORD COUNTY REPUBLICAN COMMITTEE - NON FED | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016 |
| Mailing Address P.O. BOX 277 | | Amount of Each Disbursement this Period 750.00 |
| City TROY | State PA | Zip Code 16974 |
| Purpose of Disbursement EVENT SPONSORSHIP | Category/Type | |
| Candidate Name | Memo Item <input type="checkbox"/> | |
| 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: | Transaction ID : SB17.I2144 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016 |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period 0.50 |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement CC PROCESSING | Category/Type | |
| Candidate Name | Memo Item <input type="checkbox"/> | |
| 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: | Transaction ID : SB17.I2291 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016 |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period 10.25 |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement CC PROCESSING | Category/Type | |
| Candidate Name | Memo Item <input type="checkbox"/> | |
| 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: | Transaction ID : SB17.I2292 | |

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|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 760.75 |
| 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 66 OF 99 | | | |
| | <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)
Marino for Congress

| | | | | | | | | | | | | | |
|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| A. CMDI | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>14</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 14 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 14 | | 2016 | | | | | | | | | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City TYSONS CORNER State VA Zip Code 22182 | | <table border="1"> <tr> <td colspan="4" style="text-align: right;">98.50</td> </tr> </table> | | 98.50 | | | | | | | | | |
| 98.50 | | | | | | | | | | | | | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.I2293 | | | | | | | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | |
| State: | District: | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| B. CMDI | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 25 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 25 | | 2016 | | | | | | | | | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City TYSONS CORNER State VA Zip Code 22182 | | <table border="1"> <tr> <td colspan="4" style="text-align: right;">800.00</td> </tr> </table> | | 800.00 | | | | | | | | | |
| 800.00 | | | | | | | | | | | | | |
| Purpose of Disbursement DATABASE SERVICES | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.I2294 | | | | | | | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | |
| State: | District: | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| C. CMDI | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>28</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 01 | | 28 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 01 | | 28 | | 2016 | | | | | | | | | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City TYSONS CORNER State VA Zip Code 22182 | | <table border="1"> <tr> <td colspan="4" style="text-align: right;">5.15</td> </tr> </table> | | 5.15 | | | | | | | | | |
| 5.15 | | | | | | | | | | | | | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.I2295 | | | | | | | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | |
| State: | District: | | | | | | | | | | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 903.65 |
| 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 67 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. CMDI | | <input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2016"/> |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period <input type="text" value="119.15"/> |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC PROCESSING | <input type="text"/> | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2296 |
| 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) | | Date of Disbursement |
| B. CMDI | | <input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2016"/> |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period <input type="text" value="108.08"/> |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC PROCESSING | <input type="text"/> | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2297 |
| 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) | | Date of Disbursement |
| C. CMDI | | <input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2016"/> |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period <input type="text" value="800.00"/> |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement DATABASE SERVICES | <input type="text"/> | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2298 |
| 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | <input type="text" value="1027.23"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text"/> |

**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 68 OF 99 | | | |
| | <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)
Marino for Congress

| | | | | | | | | | | | | | |
|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| A. CMDI | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>25</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 02 | | 25 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 02 | | 25 | | 2016 | | | | | | | | | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City TYSONS CORNER State VA Zip Code 22182 | | <table border="1"> <tr> <td>25.00</td> </tr> </table> | | 25.00 | | | | | | | | | |
| 25.00 | | | | | | | | | | | | | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.I2299 | | | | | | | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | | | | | | | | | | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

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|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| B. CMDI | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>04</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 03 | | 04 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 03 | | 04 | | 2016 | | | | | | | | | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City TYSONS CORNER State VA Zip Code 22182 | | <table border="1"> <tr> <td>88.00</td> </tr> </table> | | 88.00 | | | | | | | | | |
| 88.00 | | | | | | | | | | | | | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.I2300 | | | | | | | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | | | | | | | | | | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

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|--|---|--|---|---------|---|-----|---|---------|----|--|----|--|------|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | | | | | | | | | | | |
| C. CMDI | | <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2016</td> </tr> </table> | | M M | / | D D | / | Y Y Y Y | 03 | | 10 | | 2016 |
| M M | / | D D | / | Y Y Y Y | | | | | | | | | |
| 03 | | 10 | | 2016 | | | | | | | | | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | | | | | | | | | | | |
| City TYSONS CORNER State VA Zip Code 22182 | | <table border="1"> <tr> <td>2.25</td> </tr> </table> | | 2.25 | | | | | | | | | |
| 2.25 | | | | | | | | | | | | | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | | | | | | | | | | | |
| Candidate Name | | Transaction ID : SB17.I2301 | | | | | | | | | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | | | | | | | | | | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 115.25 |
| 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 69 OF 99 | | | |
| | <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)
Marino for Congress

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| A. CMDI | | M M / D D / Y Y Y Y 03 / 17 / 2016 | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | |
| City TYSONS CORNER State VA Zip Code 22182 | | 906.89 | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | |
| Candidate Name | | Transaction ID : SB17.I2302 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| B. CMDI | | M M / D D / Y Y Y Y 03 / 23 / 2016 | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | |
| City TYSONS CORNER State VA Zip Code 22182 | | 800.00 | |
| Purpose of Disbursement DATABASE SERVICES | | <input type="checkbox"/> Memo Item | |
| Candidate Name | | Transaction ID : SB17.I2303 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement | |
| C. CMDI | | M M / D D / Y Y Y Y 03 / 24 / 2016 | |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period | |
| City TYSONS CORNER State VA Zip Code 22182 | | 99.04 | |
| Purpose of Disbursement CC PROCESSING | | <input type="checkbox"/> Memo Item | |
| Candidate Name | | Transaction ID : SB17.I2304 | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 906.89 |
| 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 70 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 1593 SPRING HILL RD STE 400 | | Amount of Each Disbursement this Period 2.70 |
| City TYSONS CORNER | State VA Zip Code 22182 | |
| Purpose of Disbursement CC PROCESSING | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | Transaction ID : SB17.I2305 | |
| 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) B. CNN | | Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016 |
| Mailing Address 820 FIRST ST NE FL 8 | | Amount of Each Disbursement this Period 233.83 |
| City WASHINGTON | State DC Zip Code 20002 | |
| Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | Transaction ID : SB17.I2312 | |
| 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. COMCAST CORPORATION | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016 |
| Mailing Address 1701 JOHN F KENNEDY BLVD | | Amount of Each Disbursement this Period 414.00 |
| City PHILADELPHIA | State PA Zip Code 19103 | |
| Purpose of Disbursement VENUE EXPENSES | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name | Transaction ID : SB17.I2313 | |
| 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: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 650.53 |
| 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 71 OF 99 | |
| | <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)
Marino for Congress

A. COMMUNICATIONS CONCEPTS

Full Name (Last, First, Middle Initial)
Mailing Address 2906 WILLIAM PENN HWY

City EASTON State PA Zip Code 18045

Purpose of Disbursement
VOTER CONTACT PHONES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 11 / 2016

Amount of Each Disbursement this Period
600.15

Memo Item

Transaction ID : SB17.I2314

B. CONSOLIDATED SPORTSMEN OF MUNCY CREEK

Full Name (Last, First, Middle Initial)
Mailing Address 660 CLARKSTOWN ROAD

City MUNCY State PA Zip Code 17756

Purpose of Disbursement
EVENT TICKETS

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 07 / 2016

Amount of Each Disbursement this Period
30.00

Memo Item

Transaction ID : SB17.I2315

C. DISTRICT CITY CONSULTING

Full Name (Last, First, Middle Initial)
Mailing Address 1217 DELAFIELD PL NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 06 / 2016

Amount of Each Disbursement this Period
2372.60

Memo Item

Transaction ID : SB17.I2317

SUBTOTAL of Disbursements This Page (optional)..... 3002.75

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 72 OF 99 | |
| | <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)
Marino for Congress

A. DISTRICT CITY CONSULTING

Full Name (Last, First, Middle Initial)
Mailing Address 1217 DELAFIELD PL NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 27 / 2016

Amount of Each Disbursement this Period: 3810.90

Memo Item

Transaction ID : SB17.I2318

B. DISTRICT CITY CONSULTING

Full Name (Last, First, Middle Initial)
Mailing Address 1217 DELAFIELD PL NW

City WASHINGTON State DC Zip Code 20011

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 16 / 2016

Amount of Each Disbursement this Period: 1553.00

Memo Item

Transaction ID : SB17.I2319

C. ELECTION CFO LLC

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2016

Amount of Each Disbursement this Period: 2480.83

Memo Item

Transaction ID : SB17.I2320

SUBTOTAL of Disbursements This Page (optional) 7844.73

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 73 OF 99 | | | |
| | <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)
Marino for Congress

Full Name (Last, First, Middle Initial)
A. FLIK CATERING

Mailing Address 1701 JOHN F KENNEDY BLVD

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 07 / 2016

Amount of Each Disbursement this Period: 453.60

Memo Item

Transaction ID : SB17.I2321

Full Name (Last, First, Middle Initial)
B. HARPER POLLING, LLC

Mailing Address 121 STATE STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement POLLING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 29 / 2016

Amount of Each Disbursement this Period: 4025.00

Memo Item

Transaction ID : SB17.I2322

Full Name (Last, First, Middle Initial)
C. LN CONSULTING LLC

Mailing Address 121 STATE ST

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement CAMPAIGN CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2016

Amount of Each Disbursement this Period: 1000.00

Memo Item

Transaction ID : SB17.I2323

SUBTOTAL of Disbursements This Page (optional)..... 5478.60

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 74 OF 99 | |
| | <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)
Marino for Congress

| | | | | |
|---|--|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. LN CONSULTING LLC | | | Date of Disbursement MM / DD / YYYY 02 / 11 / 2016 | |
| Mailing Address 121 STATE ST | | | Amount of Each Disbursement this Period 1000.00 | |
| City HARRISBURG | State PA | Zip Code 17101 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/Type | | |
| Candidate Name | | Transaction ID : SB17.I2324 | | |
| 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) B. LN CONSULTING LLC | | | Date of Disbursement MM / DD / YYYY 03 / 07 / 2016 | |
| Mailing Address 121 STATE ST | | | Amount of Each Disbursement this Period 1000.00 | |
| City HARRISBURG | State PA | Zip Code 17101 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement CAMPAIGN CONSULTING | | Category/Type | | |
| Candidate Name | | Transaction ID : SB17.I2325 | | |
| 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. LYCOMING COUNTY REPUBLICAN COMMITTEE - NON-FED | | | Date of Disbursement MM / DD / YYYY 01 / 25 / 2016 | |
| Mailing Address 166 PINE CREST ROAD | | | Amount of Each Disbursement this Period 2000.00 | |
| City JERSEY SHORE | State PA | Zip Code 17740 | Memo Item <input type="checkbox"/> | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/Type | | |
| Candidate Name | | Transaction ID : SB17.I2145 | | |
| 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: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4000.00 |
| 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 75 OF 99 | |
| | <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)
Marino for Congress

A. LYCOMING COUNTY REPUBLICAN COMMITTEE - NON-FED

Full Name (Last, First, Middle Initial)
Mailing Address 166 PINE CREST ROAD

City JERSEY SHORE State PA Zip Code 17740

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 22 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : SB17.I2326

B. MIFFLIN COUNTY REPUBLICAN COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 961

City LEWISTOWN State PA Zip Code 17044

Purpose of Disbursement EVENT SPONSORSHIP

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 25 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : SB17.I2143

C. NORTHUMBERLAND COUNTY REPUBLICAN COMMITTEE NON-FED

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 202

City NORTHUMBERLAND State PA Zip Code 17857

Purpose of Disbursement EVENT TICKETS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2016

Amount of Each Disbursement this Period: 60.00

Memo Item

Transaction ID : SB17.I2329

SUBTOTAL of Disbursements This Page (optional) 1060.00

TOTAL This Period (last page this line number only)

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 76 OF 99 | |
| | <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)
Marino for Congress

A. PHL-SVC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 144

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 01 / 13 / 2016

Amount of Each Disbursement this Period: 500.00

Memo Item

Transaction ID : SB17.I2331

B. PIKE COUNTY COUNCIL OF REPUBLICAN WOMEN

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 161

City MILFORD State PA Zip Code 18337

Purpose of Disbursement
EVENT TICKETS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 03 / 22 / 2016

Amount of Each Disbursement this Period: 50.00

Memo Item

Transaction ID : SB17.I2332

C. PNC BANK

Full Name (Last, First, Middle Initial)
Mailing Address ONE PNC PLAZA
249 FIFTH AVE

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement
CC PAYMENT (ITEMIZED BELOW)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 01 / 07 / 2016

Amount of Each Disbursement this Period: 1409.68

Memo Item

Transaction ID : SB17.I2306

SUBTOTAL of Disbursements This Page (optional) 1959.68

TOTAL This Period (last page this line number only)

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 OF 99 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 20 | | | | |

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NAME OF COMMITTEE (In Full)
Marino for Congress

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. 1416 CHESTNUT HOLDING CORP | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 | | |
| Mailing Address 140 S BROAD ST | | | Amount of Each Disbursement this Period 37.00 | | |
| City PHILADELPHIA | State PA | Zip Code 19102 | Category/ Type | | |
| Purpose of Disbursement PARKING | | | | | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | | |
| 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) | | Transaction ID : SB17.I2345 PNC 1/7 | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. AMTRAK | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 | | |
| Mailing Address 50 MASSACHUSETTS AVENUE NE | | | Amount of Each Disbursement this Period 93.00 | | |
| City WASHINGTON | State DC | Zip Code 20002 | Category/ Type | | |
| Purpose of Disbursement TRAVEL | | | | | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | | |
| 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) | | Transaction ID : SB17.I2346 PNC 1/7 | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. BILL.COM | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015 | | |
| Mailing Address 1810 EMBARCADERO RD | | | Amount of Each Disbursement this Period 39.33 | | |
| City PALO ALTO | State CA | Zip Code 94303 | Category/ Type | | |
| Purpose of Disbursement ONLINE SERVICES | | | | | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | | |
| 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) | | Transaction ID : SB17.I2343 PNC 1/7 | | |
| State: District: | | | | | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 78 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. COMFORT INN | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015 |
| Mailing Address 10750 COLUMBIA PIKE | | Amount of Each Disbursement this Period 107.91 |
| City SILVER SPRING | State MD | |
| Zip Code 20901 | Purpose of Disbursement TRAVEL | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2349 |
| 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) | PNC 1/7 |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. HAMPTON INN | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address 7390 JONES BRANCH DR. STE 1100 | | Amount of Each Disbursement this Period 75.15 |
| City MCLEAN | State VA | |
| Zip Code 22102 | Purpose of Disbursement TRAVEL | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2347 |
| 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) | PNC 1/7 |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) C. HAMPTON INN | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015 |
| Mailing Address 7390 JONES BRANCH DR. STE 1100 | | Amount of Each Disbursement this Period 70.20 |
| City MCLEAN | State VA | |
| Zip Code 22102 | Purpose of Disbursement TRAVEL | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2350 |
| 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) | PNC 1/7 |
| State: District: | | |

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

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 OF 99 | | | |
| | <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)
Marino for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. HAMPTON INN | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015 |
| Mailing Address 7390 JONES BRANCH DR. STE 1100 | | Amount of Each Disbursement this Period 4.95 |
| City MCLEAN | State VA | |
| Zip Code 22102 | Purpose of Disbursement TRAVEL | <input checked="" type="checkbox"/> Memo Item |
| 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) | Transaction ID : SB17.I2351 PNC 1/7 |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. HAMPTON INN | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015 |
| Mailing Address 7390 JONES BRANCH DR. STE 1100 | | Amount of Each Disbursement this Period 104.96 |
| City MCLEAN | State VA | |
| Zip Code 22102 | Purpose of Disbursement TRAVEL | <input checked="" type="checkbox"/> Memo Item |
| 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) | Transaction ID : SB17.I2354 PNC 1/7 |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. OSTERIA MORINI | | Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015 |
| Mailing Address 301 WATER ST SE | | Amount of Each Disbursement this Period 60.00 |
| City WASHINGTON | State DC | |
| Zip Code 20003 | Purpose of Disbursement FOOD/BEVERAGES | <input checked="" type="checkbox"/> Memo Item |
| 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) | Transaction ID : SB17.I2355 PNC 1/7 |
| State: District: | | |

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

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 OF 99 | | | |
| | <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)
Marino for Congress

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. SHEETZ | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015 | | |
| Mailing Address 5700 6TH AVE | | | Amount of Each Disbursement this Period 40.03 | | |
| City ALTOONA | State PA | Zip Code 16602 | <input type="checkbox"/> Memo Item Transaction ID : SB17.I2352 PNC 1/7 | | |
| Purpose of Disbursement GAS | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

| | | | | | |
|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. SUNOCO | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 | | |
| Mailing Address 1818 MARKET STREET STE 1500 | | | Amount of Each Disbursement this Period 54.67 | | |
| City PHILADELPHIA | State PA | Zip Code 19103 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2348 PNC 1/7 | | |
| Purpose of Disbursement GAS | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|-------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. TRATTORIA ALBERTO | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 | | |
| Mailing Address 506 EIGHTH STREET, SE | | | Amount of Each Disbursement this Period 679.63 | | |
| City WASHINGTON | State DC | Zip Code 20003 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2344 PNC 1/7 | | |
| Purpose of Disbursement FOOD/BEVERAGES | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 81 OF 99 | |
| | <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)
Marino for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. VENNARIS PIZZA | | Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2015 |
| Mailing Address 610 MARKET ST | | Amount of Each Disbursement this Period 42.85 |
| City LEWISBURG | State PA | |
| Zip Code 17837 | Purpose of Disbursement FOOD/BEVERAGES | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.I2353 |
| 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) | PNC 1/7 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. PNC BANK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016 |
| Mailing Address ONE PNC PLAZA 249 FIFTH AVE | | Amount of Each Disbursement this Period 319.72 |
| City PITTSBURGH | State PA | |
| Zip Code 15222 | Purpose of Disbursement CC PAYMENT (ITEMIZED BELOW) | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.I2307 |
| 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. BILL.COM | | Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015 |
| Mailing Address 1810 EMBARCADERO RD | | Amount of Each Disbursement this Period 28.41 |
| City PALO ALTO | State CA | |
| Zip Code 94303 | Purpose of Disbursement ONLINE SERVICES | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/ Type | Transaction ID : SB17.I2357 |
| 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) | PNC 2/8 |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 319.72 |
| 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 82 OF 99 | | | |
| | <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)
Marino for Congress

A. DUTCH'S DAUGHTER INN

Full Name (Last, First, Middle Initial)
Mailing Address 581 HIMES AVE

City FREDERICK State MD Zip Code 21703

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2016

Amount of Each Disbursement this Period: 75.06

Memo Item

Transaction ID : SB17.I2359
PNC 2/8

B. HAMPTON INN

Full Name (Last, First, Middle Initial)
Mailing Address 7390 JONES BRANCH DR. STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 16 / 2015

Amount of Each Disbursement this Period: 103.21

Memo Item

Transaction ID : SB17.I2356
PNC 2/8

C. SERAFINA

Full Name (Last, First, Middle Initial)
Mailing Address 984 E DRINKER ST

City DUNMORE State PA Zip Code 18512

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 30 / 2015

Amount of Each Disbursement this Period: 53.00

Memo Item

Transaction ID : SB17.I2358
PNC 2/8

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 OF 99 | | | |
| | <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)
Marino for Congress

A. TORTILLA COAST

Full Name (Last, First, Middle Initial)
Mailing Address 400 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 07 / 2016

Amount of Each Disbursement this Period
60.04

Memo Item

Transaction ID : SB17.I2360
PNC 2/8

B. PNC BANK

Full Name (Last, First, Middle Initial)
Mailing Address ONE PNC PLAZA
249 FIFTH AVE

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement
CC PAYMENT (ITEMIZED BELOW)

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 07 / 2016

Amount of Each Disbursement this Period
2686.59

Memo Item

Transaction ID : SB17.I2308

C. APPLE VALLEY RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 104 US-6

City MILFORD State PA Zip Code 18337

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 04 / 2016

Amount of Each Disbursement this Period
39.27

Memo Item

Transaction ID : SB17.I2387
PNC 3/7

SUBTOTAL of Disbursements This Page (optional)..... 2686.59

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 84 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. BILL.COM | | Date of Disbursement MM / DD / YYYY 01 / 20 / 2016 |
| Mailing Address 1810 EMBARCADERO RD | | Amount of Each Disbursement this Period 30.39 |
| City PALO ALTO | State CA Zip Code 94303 | |
| Purpose of Disbursement ONLINE SERVICES | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I2372 PNC 3/7 |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. COURTYARD MARRIOT | | Date of Disbursement MM / DD / YYYY 01 / 13 / 2016 |
| Mailing Address 10400 FERNWOOD RD | | Amount of Each Disbursement this Period 110.93 |
| City BETHESDA | State MD Zip Code 20817 | |
| Purpose of Disbursement TRAVEL | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I2365 PNC 3/7 |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) C. COURTYARD MARRIOT | | Date of Disbursement MM / DD / YYYY 01 / 14 / 2016 |
| Mailing Address 10400 FERNWOOD RD | | Amount of Each Disbursement this Period 262.21 |
| City BETHESDA | State MD Zip Code 20817 | |
| Purpose of Disbursement TRAVEL | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I2366 PNC 3/7 |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 85 OF 99 | |
| | <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)
Marino for Congress

A. FEDERAL EXPRESS

Full Name (Last, First, Middle Initial)
Mailing Address 6075 POPLAR AVENUE

City MEMPHIS State TN Zip Code 38119

Purpose of Disbursement SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2016

Amount of Each Disbursement this Period: 44.94

Memo Item

Transaction ID : SB17.I2375
PNC 3/7

B. GLIDER RESTAURANT

Full Name (Last, First, Middle Initial)
Mailing Address 890 PROVIDENCE RD

City SCRANTON State PA Zip Code 18509

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2016

Amount of Each Disbursement this Period: 58.02

Memo Item

Transaction ID : SB17.I2376
PNC 3/7

C. HARRISBURG PARKING

Full Name (Last, First, Middle Initial)
Mailing Address 123 WALNUT ST STE 317

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 11 / 2016

Amount of Each Disbursement this Period: 9.00

Memo Item

Transaction ID : SB17.I2361
PNC 3/7

SUBTOTAL of Disbursements This Page (optional)..... 0.00

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 86 OF 99 | |
| | <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)
Marino for Congress

Full Name (Last, First, Middle Initial)
A. HOLIDAY INN

Mailing Address **THREE RAVINIA DR, SUITE 100**

City **ATLANTA** State **GA** Zip Code **30346**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **01 / 27 / 2016**

Amount of Each Disbursement this Period: **90.47**

Memo Item

Transaction ID : **SB17.I2379**
PNC 3/7

Full Name (Last, First, Middle Initial)
B. HOTEL HERSHEY

Mailing Address **100 HOTEL ROAD**

City **HERSHEY** State **PA** Zip Code **17033**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **01 / 16 / 2016**

Amount of Each Disbursement this Period: **251.16**

Memo Item

Transaction ID : **SB17.I2369**
PNC 3/7

Full Name (Last, First, Middle Initial)
C. HOTEL HERSHEY

Mailing Address **100 HOTEL ROAD**

City **HERSHEY** State **PA** Zip Code **17033**

Purpose of Disbursement **TRAVEL**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: **01 / 16 / 2016**

Amount of Each Disbursement this Period: **216.89**

Memo Item

Transaction ID : **SB17.I2370**
PNC 3/7

SUBTOTAL of Disbursements This Page (optional)..... **0.00**

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 87 OF 99 | |
| | <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)
Marino for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. HOTEL HERSHEY | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2016 |
| Mailing Address 100 HOTEL ROAD | | Amount of Each Disbursement this Period 187.59 |
| City HERSHEY | State PA | |
| Zip Code 17033 | Purpose of Disbursement TRAVEL | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2371 |
| 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) | PNC 3/7 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. KRISPY KREME | | Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2016 |
| Mailing Address 370 KNOLLWOOD ST | | Amount of Each Disbursement this Period 40.43 |
| City WINSTON-SALEM | State NC | |
| Zip Code 27103 | Purpose of Disbursement FOOD/BEVERAGES | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2393 |
| 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) | PNC 3/7 |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. LOADING DOCK | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2016 |
| Mailing Address 1206 ONEILL HWY | | Amount of Each Disbursement this Period 103.10 |
| City DUNMORE | State PA | |
| Zip Code 18512 | Purpose of Disbursement FOOD/BEVERAGES | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2389 |
| 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) | PNC 3/7 |
| State: District: | | |

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 OF 99 | | | |
| | <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)
Marino for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. PMI | | Date of Disbursement MM / DD / YYYY 01 / 15 / 2016 |
| Mailing Address 1725 DESALES ST NW #200 | | Amount of Each Disbursement this Period 52.00 |
| City WASHINGTON | State DC | |
| Purpose of Disbursement PARKING | Zip Code 20036 | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2367 PNC 3/7 |
| 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) B. RAMADA PLAZA HOTEL | | Date of Disbursement MM / DD / YYYY 02 / 08 / 2016 |
| Mailing Address 920 NORTHERN BLVD | | Amount of Each Disbursement this Period 106.00 |
| City S. ABINGTON TOWNSH | State PA | |
| Purpose of Disbursement TRAVEL | Zip Code 18411 | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2394 PNC 3/7 |
| 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. SAM'S CLUB | | Date of Disbursement MM / DD / YYYY 01 / 12 / 2016 |
| Mailing Address 611 LYCOMING MALL CIRCLE | | Amount of Each Disbursement this Period 34.06 |
| City MUNCY | State PA | |
| Purpose of Disbursement OFFICE SUPPLIES | Zip Code 17756 | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2362 PNC 3/7 |
| 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: | | |

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

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 99 | | | |
| | <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)
Marino for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. SAM'S CLUB | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016 |
| Mailing Address 611 LYCOMING MALL CIRCLE | | Amount of Each Disbursement this Period 34.06 |
| City MUNCY State PA Zip Code 17756 | Purpose of Disbursement OFFICE SUPPLIES | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| 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) | Transaction ID : SB17.I2363 PNC 3/7 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SAM'S CLUB | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2016 |
| Mailing Address 611 LYCOMING MALL CIRCLE | | Amount of Each Disbursement this Period 31.58 |
| City MUNCY State PA Zip Code 17756 | Purpose of Disbursement OFFICE SUPPLIES | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| 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) | Transaction ID : SB17.I2377 PNC 3/7 |
| State: District: | Category/Type | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SMILERS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016 |
| Mailing Address 600 N MAIN ST | | Amount of Each Disbursement this Period 57.65 |
| City DICKSON CITY State PA Zip Code 18519 | Purpose of Disbursement FOOD/BEVERAGES | |
| Candidate Name | | <input checked="" type="checkbox"/> Memo Item |
| 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) | Transaction ID : SB17.I2368 PNC 3/7 |
| State: District: | Category/Type | |

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 OF 99 | | | |
| | <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)
Marino for Congress

| | | | | |
|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016 | |
| Mailing Address 1915 E. THIRD STREET | | | Amount of Each Disbursement this Period 74.16 | |
| City WILLIAMSPORT | State PA | Zip Code 17701 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2364 PNC 3/7 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | | | |
|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016 | |
| Mailing Address 1915 E. THIRD STREET | | | Amount of Each Disbursement this Period 34.98 | |
| City WILLIAMSPORT | State PA | Zip Code 17701 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2380 PNC 3/7 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | | | | |
|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. STAPLES | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016 | |
| Mailing Address 1915 E. THIRD STREET | | | Amount of Each Disbursement this Period 15.88 | |
| City WILLIAMSPORT | State PA | Zip Code 17701 | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2381 PNC 3/7 | |
| Purpose of Disbursement OFFICE SUPPLIES | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | | |
| State: | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 91 OF 99 | |
| | <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)
Marino for Congress

A. STAPLES

Full Name (Last, First, Middle Initial)
Mailing Address 1915 E. THIRD STREET

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 27 / 2016

Amount of Each Disbursement this Period: 11.66

Memo Item

Transaction ID : SB17.I2382
PNC 3/7

B. STAPLES

Full Name (Last, First, Middle Initial)
Mailing Address 1915 E. THIRD STREET

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 05 / 2016

Amount of Each Disbursement this Period: 12.70

Memo Item

Transaction ID : SB17.I2390
PNC 3/7

C. STICKY ELBOW BAR AND GRILL

Full Name (Last, First, Middle Initial)
Mailing Address 631 WASHINGTON BLVD

City WILLIAMSPORT State PA Zip Code 17701

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2016

Amount of Each Disbursement this Period: 61.94

Memo Item

Transaction ID : SB17.I2383
PNC 3/7

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 92 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. STICKY ELBOW BAR AND GRILL | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016 |
| Mailing Address 631 WASHINGTON BLVD | | Amount of Each Disbursement this Period 35.44 |
| City WILLIAMSPORT | State PA | Zip Code 17701 |
| Purpose of Disbursement FOOD/BEVERAGES | Category/Type | |
| Candidate Name | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2384 PNC 3/7 | |
| 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) B. SUNOCO | | Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2016 |
| Mailing Address 1818 MARKET STREET STE 1500 | | Amount of Each Disbursement this Period 33.47 |
| City PHILADELPHIA | State PA | Zip Code 19103 |
| Purpose of Disbursement GAS | Category/Type | |
| Candidate Name | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2386 PNC 3/7 | |
| 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. SUNOCO | | Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016 |
| Mailing Address 1818 MARKET STREET STE 1500 | | Amount of Each Disbursement this Period 29.61 |
| City PHILADELPHIA | State PA | Zip Code 19103 |
| Purpose of Disbursement GAS | Category/Type | |
| Candidate Name | <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2388 PNC 3/7 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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

**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 93 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. SUNOCO | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2016 |
| Mailing Address 1818 MARKET STREET STE 1500 | | Amount of Each Disbursement this Period 32.68 |
| City PHILADELPHIA | State PA Zip Code 19103 | |
| Purpose of Disbursement GAS | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I2392 PNC 3/7 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. TOWNEPLACE SUITES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2016 |
| Mailing Address 10400 FERNWOOD RD | | Amount of Each Disbursement this Period 99.01 |
| City BETHESDA | State MD Zip Code 20817 | |
| Purpose of Disbursement TRAVEL | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I2374 PNC 3/7 |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. TOWNEPLACE SUITES | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2016 |
| Mailing Address 10400 FERNWOOD RD | | Amount of Each Disbursement this Period 194.02 |
| City BETHESDA | State MD Zip Code 20817 | |
| Purpose of Disbursement TRAVEL | Candidate Name | <input checked="" type="checkbox"/> Memo Item |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | Transaction ID : SB17.I2385 PNC 3/7 |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 94 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. USPS | | M M / D D / Y Y Y Y 01 / 22 / 2016 |
| Mailing Address 475 L'ENFANT PLAZA SW | | Amount of Each Disbursement this Period |
| City D.C. State DC Zip Code 20260 | | 127.70 |
| Purpose of Disbursement POSTAGE | | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | Transaction ID : SB17.I2378 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | PNC 3/7 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. USPS | | M M / D D / Y Y Y Y 02 / 05 / 2016 |
| Mailing Address 475 L'ENFANT PLAZA SW | | Amount of Each Disbursement this Period |
| City D.C. State DC Zip Code 20260 | | 98.00 |
| Purpose of Disbursement P.O. BOX RENTAL | | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | Transaction ID : SB17.I2391 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | PNC 3/7 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. VERIZON | | M M / D D / Y Y Y Y 01 / 20 / 2016 |
| Mailing Address P.O. BOX 25505 | | Amount of Each Disbursement this Period |
| City LEHIGH VALLEY State PA Zip Code 18002 | | 90.65 |
| Purpose of Disbursement PHONES | | <input checked="" type="checkbox"/> Memo Item |
| Candidate Name | | Transaction ID : SB17.I2373 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | PNC 3/7 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

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

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 99 | | | |
| | <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)
Marino for Congress

| | | | | | |
|--|---|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. REPUBLICAN PARTY OF LACKAWANNA COUNTY | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2016 | | |
| Mailing Address 400 SPRUCE STREET | | | Amount of Each Disbursement this Period 250.00 | | |
| City SCRANTON | State PA | Zip Code 18503 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type | Transaction ID : SB17.I2334 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. TIOGA COUNTY FED. OF REPUBLICAN WOMEN | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016 | | |
| Mailing Address 6 PROSPECT STREET | | | Amount of Each Disbursement this Period 500.00 | | |
| City WELLSBORO | State PA | Zip Code 16901 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type | Transaction ID : SB17.I2150 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

| | | | | | |
|--|---|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. TWENTY-FIRST CENTURY GROUP, INC. | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016 | | |
| Mailing Address 434 NEW JERSEY AVE. SE | | | Amount of Each Disbursement this Period 480.00 | | |
| City WASHINGTON | State DC | Zip Code 20003 | Memo Item <input type="checkbox"/> | | |
| Purpose of Disbursement CATERING | | Category/ Type | Transaction ID : SB17.I2340 | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: | District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1230.00 |
| 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 96 OF 99 | |
| | <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)
Marino for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. UNION COUNTY REPUBLICAN COMMITTEE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016 |
| Mailing Address P.O. BOX 33 | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I2146 |
| City YOUNGSVILLE | State PA | |
| Zip Code 16371 | Purpose of Disbursement EVENT SPONSORSHIP | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. USPS | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016 |
| Mailing Address 475 L'ENFANT PLAZA SW | | Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I2310 |
| City D.C. | State DC | |
| Zip Code 20260 | Purpose of Disbursement P.O. BOX RENTAL | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. VERIZON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016 |
| Mailing Address P.O. BOX 25505 | | Amount of Each Disbursement this Period 156.60 <input type="checkbox"/> Memo Item Transaction ID : SB17.I2341 |
| City LEHIGH VALLEY | State PA | |
| Zip Code 18002 | Purpose of Disbursement PHONES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 504.60 |
| 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 97 OF 99 | |
| | <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)
Marino for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. VERIZON | | Date of Disbursement MM / DD / YYYY 02 / 18 / 2016 |
| Mailing Address P.O. BOX 25505 | | Amount of Each Disbursement this Period 306.24 |
| City LEHIGH VALLEY | State PA | |
| Zip Code 18002 | Purpose of Disbursement PHONES | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2342 |
| 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) B. WAYNE COUNTY REPUBLICAN COMMITTEE - NON- FED | | Date of Disbursement MM / DD / YYYY 01 / 25 / 2016 |
| Mailing Address 7442 MAIN STREET | | Amount of Each Disbursement this Period 250.00 |
| City HONESDALE | State PA | |
| Zip Code 18431 | Purpose of Disbursement EVENT SPONSORSHIP | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2147 |
| 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. WILLIAMSPORT LYCOMING COUNTY COUNCIL OF REPUBLICAN WOMEN | | Date of Disbursement MM / DD / YYYY 02 / 17 / 2016 |
| Mailing Address 29 LEHMAN DR | | Amount of Each Disbursement this Period 15.00 |
| City COGAN STATION | State PA | |
| Zip Code 17728 | Purpose of Disbursement LUNCHEON TICKET | <input type="checkbox"/> Memo Item |
| Candidate Name | Category/Type | Transaction ID : SB17.I2286 |
| 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)..... | 571.24 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 99 | | | |
| | <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)
Marino for Congress

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. JUNIATA COUNTY REPUBLICAN COMMITTEE | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016 |
| Mailing Address 24760 TR 333 | | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I2148 |
| City THOMPSONTOWN | State PA | Zip Code 17094 | |
| Purpose of Disbursement EVENT SPONSORSHIP | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016 |
| Mailing Address 112 STATE STREET SUITE 900 | | | Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.I2333 |
| City HARRISBURG | State PA | Zip Code 17101 | |
| Purpose of Disbursement EVENT TICKETS | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

| | | | |
|---|--|-------------------|---|
| 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 <input type="checkbox"/> Memo Item |
| City | State | Zip Code | |
| Purpose of Disbursement | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: _____ | District: _____ | | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 350.00 |
| TOTAL This Period (last page this line number only)..... | 69920.66 |

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Marino for Congress

Full Name (Last, First, Middle Initial)
A. DAVID BROJACK

Mailing Address 350 COMMERCE DR

City SCOTT TOWNSHIP State PA Zip Code 18447

Purpose of Disbursement
REFUND OF DONATION

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 29 / 2016

Amount of Each Disbursement this Period
500.00

Memo Item

Transaction ID : SB20A.I2285

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

500.00

500.00