

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Recchia for Congress

ADDRESS (number and street) 172 Gravesend Neck Road  
 Check if different than previously reported. (ACC) Brooklyn NY 11223

2. **FEC IDENTIFICATION NUMBER** ▼ C C00542266 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
NY 11

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2015 through 06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Ms. Carol Moore  
Signature of Treasurer Ms. Carol Moore *[Electronically Filed]* Date M M / D D / Y Y Y Y  
01 / 31 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Recchia 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))....	0.00	413032.86
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6278.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	406754.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9808.04	2464779.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	201.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9808.04	2464578.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10449.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	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

**Recchia for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	535.55
(ii) Unitemized.....	0.00	841.42
(iii) TOTAL of contributions from individuals ▶	0.00	1376.97
(b) Political Party Committees.....	0.00	9575.89
(c) Other Political Committees (such as PACs).....	0.00	402080.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	413032.86
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	201.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	6.77	39758.16
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6.77	452992.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9808.04	2464779.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	6278.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6278.00
21. OTHER DISBURSEMENTS .....	0.00	13500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9808.04	2484557.94

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	20250.52
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6.77
25. SUBTOTAL (add Line 23 and Line 24).....	20257.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9808.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10449.25

**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 10  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
**Recchia for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Northfield Bank**

Mailing Address 581 Main St  
Ste 810

City Woodbridge State NJ Zip Code 07095-1144

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2430.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015

**Transaction ID : VN8CEDYJW37**

Amount of Each Receipt this Period  
2.74

**B.** Full Name (Last, First, Middle Initial)  
**Northfield Bank**

Mailing Address 581 Main St  
Ste 810

City Woodbridge State NJ Zip Code 07095-1144

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2432.08

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : VN8CEDYJW45**

Amount of Each Receipt this Period  
1.92

**C.** Full Name (Last, First, Middle Initial)  
**Northfield Bank**

Mailing Address 581 Main St  
Ste 810

City Woodbridge State NJ Zip Code 07095-1144

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2434.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : VN8CEDYJW53**

Amount of Each Receipt this Period  
2.11

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

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

6.77

6.77

**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 6 OF 10			
	<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)  
**Recchia for Congress**

Full Name (Last, First, Middle Initial) <b>A. A&amp;S Pork Store</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 361 Avenue X		Amount of Each Disbursement this Period 555.00
City Brooklyn	State NY	
Zip Code 11223-5941	Purpose of Disbursement Food & Beverage	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Blue State Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2015
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 1132.19
City Washington	State DC	
Zip Code 20004-2260	Purpose of Disbursement Technology Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Blue State Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015
Mailing Address 406 7th St NW		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20004-2260	Purpose of Disbursement Technology Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3187.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10			
	<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)  
**Recchia for Congress**

Full Name (Last, First, Middle Initial) <b>A. Martin Connor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2015
Mailing Address 61 Pierrepont St		Amount of Each Disbursement this Period 5964.79
City Brooklyn	State NY	
Zip Code 11201-2453	Purpose of Disbursement Legal Services	Transaction ID : VN7D69ZCKF5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FirstData Merchant Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 19.95
City Atlanta	State GA	
Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : VN7D69ZCEF5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. FirstData Merchant Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 94.95
City Atlanta	State GA	
Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : VN7D69ZCEG3
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6079.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10			
	<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)  
**Recchia for Congress**

Full Name (Last, First, Middle Initial) <b>A. FirstData Merchant Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : VN7D69ZCKB5</b>
City Atlanta State GA Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. FirstData Merchant Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : VN7D69ZCKC1</b>
City Atlanta State GA Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. FirstData Merchant Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : VN7D69ZCKD9</b>
City Atlanta State GA Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.85
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 10	
	<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)  
**Recchia for Congress**

Full Name (Last, First, Middle Initial) <b>A. FirstData Merchant Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2015
Mailing Address 5565 Glenridge Connector NE Ste 2000		Amount of Each Disbursement this Period 9808.04 <b>Transaction ID : VN7D69ZCKE7</b>
City Atlanta State GA Zip Code 30342-4799	Purpose of Disbursement Credit Card Processing Fee 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NYC Department of Finance</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2015
Mailing Address 1 Centre St Fl 22		Amount of Each Disbursement this Period 125.00 <b>Transaction ID : VN7D69ZCEH0</b>
City New York State NY Zip Code 10007-1602	Purpose of Disbursement Volunteer's Parking Violation 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Receivables Performance Management</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2015
Mailing Address 20816 44th Ave W		Amount of Each Disbursement this Period 336.36 <b>Transaction ID : VN7D69ZCZ53</b>
City Lynnwood State WA Zip Code 98036-7744	Purpose of Disbursement Utilities Payment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	481.31
<b>TOTAL</b> This Period (last page this line number only).....	9808.04

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Recchia for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**A&S Pork Store**

Nature of Debt (Purpose):  
Food & Beverage for event.

Mailing Address 361 Avenue X

City State Zip Code  
Brooklyn NY 11223-5941

Outstanding Balance Beginning This Period  
0.00

Transaction ID : VN5EP9HAV34

Amount Incurred This Period 555.00  
Payment This Period 555.00  
Outstanding Balance at Close of This Period 0.00

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period  
Payment This Period  
Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period  
Payment This Period  
Outstanding Balance at Close of This Period

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

0.00  
0.00