

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Blakeman 2014 Inc.

ADDRESS (number and street) 108 S. Franklin Avenue
Suite 1
 Check if different than previously reported. (ACC) Valley Stream NY 11580

2. **FEC IDENTIFICATION NUMBER** C C00558189 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NY 04

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 06 / 24 / 2014 in the State of NY
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 04 / 2014

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

Type or Print Name of Treasurer Vincent DeVito

Signature of Treasurer Vincent DeVito [Electronically Filed] Date 07 / 17 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Blakeman 2014 Inc.

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	91226.00	205426.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	91226.00	205426.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	160033.01	160670.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	160033.01	160670.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	244755.58	
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).....	200000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period: From: / / 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).....	89325.00	203025.00
(ii) Unitemized.....	1901.00	2401.00
(iii) TOTAL of contributions from individuals ▶	91226.00	205426.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	91226.00	205426.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
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)..... ▶	91226.00	405426.00

DETAILED SUMMARY PAGE
of Disbursements

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

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	313562.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	91226.00
25. SUBTOTAL (add Line 23 and Line 24).....	404788.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	160033.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	244755.58

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Joann Adams		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 168 Cleveland Ave.		Transaction ID : SA11AI.4352
City Rockville Centre	State NY	
Zip Code 11570		Amount of Each Receipt this Period 1125.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1125.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1125.00	

Full Name (Last, First, Middle Initial) B. Robert Aiken		Date of Receipt MM / DD / YYYY 04 / 15 / 2014
Mailing Address 801 Pennsylvania Ave.		Transaction ID : SA11AI.4315
City Washington	State DC	
Zip Code 20004		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pinnacle West Capital Corp.	Occupation Vice President Federal Affairs	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Thomas Alfano		Date of Receipt MM / DD / YYYY 04 / 12 / 2014
Mailing Address 30 Ridgewood Street		Transaction ID : SA11AI.4305
City N. Valley Stream	State NY	
Zip Code 11580		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lock Law	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional).....	3125.00
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 6 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 26 Chevlot Road

City Southampton State NY Zip Code 11968

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

Name of Employer The Whitmore Euros, Ltd. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 15 Beaverhill Lane

City Huntington State NY Zip Code 11743

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.5394

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6301 Chaucer View Circle

City Alexandria State VA Zip Code 22304

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 01 / 2014

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
 1000.00

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: (check only one)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Harvey Blau		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 712 5th Avenue		Transaction ID : SA11AI.4621	
City New York	State NY	Zip Code 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Griffon Corp.	Occupation Chairman of the Board		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Harvey Blau		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 712 5th Avenue		Transaction ID : SA11AI.4622	
City New York	State NY	Zip Code 10019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Griffon Corp.	Occupation Chairman of the Board		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) C. Frank Califano Sr.		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 19 Sherwood Gate		Transaction ID : SA11AI.4327	
City Oyster Bay	State NY	Zip Code 11771	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer FJC Security	Occupation Chariman of the Board		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	7700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 52 Woodedge Drive

City State Zip Code
Dix Hills NY 11746

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

Name of Employer Occupation
FJC Security Vice Chairman of the Board

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
2500.00

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

Mailing Address 88 Rutgers Rd.

City State Zip Code
Franklin NY 11596

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

Name of Employer Occupation
Requested Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period
2000.00

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

Mailing Address 77 Mountain Ave.

City State Zip Code
Larchmont NY 10538

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

Name of Employer Occupation
Requested Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
2600.00

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

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

7100.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 77 Mountain Ave.

City Larchmont State NY Zip Code 10538

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period
2400.00

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

Mailing Address 3 Gables Court

City Dix Hills State NY Zip Code 11746

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

Name of Employer Requested Occupation Requested
National Insurance Brokerage Insurance Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period
350.00

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

Mailing Address 333 Earle Ovington Blvd.

City Uniondale State NY Zip Code 11553

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

Name of Employer Requested Occupation Requested
Healthplex, Inc. Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 45 Broadway, Ste 2440

City State Zip Code
New York NY 10006

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.4609

Amount of Each Receipt this Period
2600.00

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

Mailing Address 45 Broadway, Ste 2440

City State Zip Code
New York NY 10006

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
2600.00

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

Mailing Address 500 Bi-Country Blvd. - Suite 117

City State Zip Code
Framingdale NY 11735

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

Name of Employer Occupation
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4289

Amount of Each Receipt this Period
500.00

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

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

5700.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 54 Willit Street

City Albany State NY Zip Code 12210

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period
 500.00

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

Mailing Address 512 Albelarle Road

City Cedarhurst State NY Zip Code 11516

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

Name of Employer Meltzer, Oppe Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4285

Amount of Each Receipt this Period
 750.00

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

Mailing Address 30 Bradford Lane

City Bethpage State NY Zip Code 11714

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

Name of Employer FJC Security Services, Inc. Occupation Accountnant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
 2500.00

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: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 1403 Mary Smith Hill Rd.

City: Andes State: NY Zip Code: 13731

FEC ID number of contributing federal political committee: C

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 23 / 2014

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 9 Elm Court

City: Sands point State: NY Zip Code: 11050

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Restaurateur

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 04 / 04 / 2014

Transaction ID : SA11AI.4299

Amount of Each Receipt this Period: 1000.00

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

Mailing Address PO Box 115

City: Irvington State: NY Zip Code: 10533

FEC ID number of contributing federal political committee: C

Name of Employer: Kirkland & Ellis Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 28 / 2014

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period: 1000.00

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: (check only one)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) A. Malcolm Herzog		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 9111 W. 126 Street		Transaction ID : SA11AI.4624
City Palos Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self	Occupation Podiatrist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) B. Malcolm Herzog		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 9111 W. 126 Street		Transaction ID : SA11AI.4625
City Palos Park	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Self	Occupation Podiatrist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) C. John G. Hubler Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 125 N. Park Ave.		Transaction ID : SA11AI.4378
City Rockville Centre	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self	Occupation Contracting	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional).....	5550.00
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 14 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 245 East 63rd St. Apt 35E

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
NZ Funding Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4390

Amount of Each Receipt this Period
500.00

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

Mailing Address 150 Bradley Place

City State Zip Code
Palm Beach FL 33480

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

Name of Employer Occupation
Requested Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
500.00

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

Mailing Address 16C Opland Lane

City State Zip Code
Armonk NY 10504

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

Name of Employer Occupation
TD Ameritrade Financial Services

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
2500.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 63 Fountain Avenue

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Koeppel Martone & Leistman Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4297

Amount of Each Receipt this Period
1000.00

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

Mailing Address 142 West 57 Street

City State Zip Code
New York NY 10019

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.4309

Amount of Each Receipt this Period
2500.00

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

Mailing Address 960 Park Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Housewife Housewife

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.4277

Amount of Each Receipt this Period
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
William Mack

Mailing Address 2115 Linwood Avenue

City State Zip Code
Fort Lee NJ 07024

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 2115 Linwood Avenue

City State Zip Code
Fort Lee NJ 07024

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

Name of Employer Requested Occupation Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
 2600.00

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

Mailing Address 135 West Gate Drive

City State Zip Code
Huntington NY 11743

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

Name of Employer Requested Occupation Requested
Onela Catering Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4358

Amount of Each Receipt this Period
 1000.00

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

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

6200.00

**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 17 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
James Metzger

Mailing Address 370 Old Country Road

City State Zip Code
Garden City NY 11730

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

Name of Employer Occupation
The Whitmore Group Chairman & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
2600.00

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

Mailing Address 370 Old Country Road

City State Zip Code
Garden City NY 11730

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

Name of Employer Occupation
The Whitmore Group Chairman & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

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

Transaction ID : SA11AI.4628

Amount of Each Receipt this Period
2600.00

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

Mailing Address 2995 Judith Drive

City State Zip Code
Bellmore NY 11560

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

Name of Employer Occupation
Mirotznik and Associates, LLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.4364

Amount of Each Receipt this Period
2500.00

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

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

7700.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 175 Flamingo St.

City Atlantic Beach State NY Zip Code 11509

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period
 500.00

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

Mailing Address 42 Woodlawn Ave.

City New Rochelle State NY Zip Code 10804

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 42 Woodlawn Ave,

City New Rochelle State NY Zip Code 10804

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

Name of Employer H.J. Kalikow Co. LLC Occupation Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
 2000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial) Edward Pantzer		Date of Receipt MM / DD / YYYY 04 / 24 / 2014
Mailing Address 540 Madison Avenue		Transaction ID : SA11AI.4615
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Pantzer Properties, Inc.	Occupation Real Estate Executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Edward Pantzer		Date of Receipt MM / DD / YYYY 04 / 24 / 2014
Mailing Address 540 Madison Avenue		Transaction ID : SA11AI.4616
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Pantzer Properties, Inc.	Occupation Real Estate Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) Thomas Parissidi		Date of Receipt MM / DD / YYYY 04 / 04 / 2014
Mailing Address 11 The Mast		Transaction ID : SA11AI.4618
City East Islip	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Paris Maintenance Company, Inc	Occupation President & CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	7800.00
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 20 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Thomas Parissidi

Mailing Address 11 The Mast

City East Islip State NY Zip Code 11730

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

Name of Employer Paris Maintenance Company, Inc Occupation President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

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

Transaction ID : SA11AI.4619

Amount of Each Receipt this Period
2400.00

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

Mailing Address 1 Bell Circle

City Port Jefferson State NY Zip Code 11777

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

Name of Employer Raso Realty Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1626 Great Falls Street

City McLean State VA Zip Code 22101

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

Name of Employer Transportation Safety Group Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period
1000.00

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

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

5900.00

**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 21 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 3 Harbor Point Drive

City Northpoint State NY Zip Code 11768

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

Name of Employer Santinelli International Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period
1000.00

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

Mailing Address 10 Maplewood Dr.

City Newburgh State NY Zip Code 12550

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

Name of Employer Conklin Services Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4392

Amount of Each Receipt this Period
500.00

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

Mailing Address 100 Mozart Court

City Eastport State NY Zip Code 11941

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

Name of Employer Self Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 4 Cove Lane

City Port Washington State NY Zip Code 11050

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

Name of Employer Self Occupation Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 999 Walt Witman Rd.

City Melville State NY Zip Code 11747

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

Name of Employer Suris & Assoc. Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4291

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 47 Horse Hollow Court

City Locust Valley State NY Zip Code 11560

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

Name of Employer VPH Mechanical Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4362

Amount of Each Receipt this Period
 350.00

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

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

2350.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

Mailing Address 139 Bulson Road

City State Zip Code
Rockville Centre NY 11570

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

Name of Employer Occupation
Schulman Lobel Wolfson Et Al. CPA

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

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

Transaction ID : SA11AI.4380

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
E. David Woycik Jr.

Mailing Address 29 Locust St.

City State Zip Code
Carden City NJ 11530

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

Name of Employer Occupation
Sanders, Sanders, Block & Woyc Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

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

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
600.00

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

Mailing Address 1 Gracie Square

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Zizzi Associates President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period
500.00

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

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

1450.00

89325.00

**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 24 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	9625.42
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 25 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	3992.49
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 26 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	12545.40
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 27 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	5800.00
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 29 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	101000.00
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 30 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Joint Republican Headquarters

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

City Franklin Square State NY Zip Code 11010

Purpose of Disbursement June rent

Candidate Name **Blakeman 2014 Inc.**

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4427

Category/Type: 001

B. Levittown West Golf Committee

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

City Levittown State NY Zip Code 11756

Purpose of Disbursement

Candidate Name **Blakeman 2014 Inc.**

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 05 / 14 / 2014

Amount of Each Disbursement this Period: 375.00

Transaction ID : SB17.4491

Category/Type: 004

c. Long Island Center for Business & Professional Women

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

City Melville State NY Zip Code 11747

Purpose of Disbursement

Candidate Name **Blakeman 2014 Inc.**

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 05 / 07 / 2014

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.4482

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 1125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	2300.00
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 32 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional)	2757.25
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 33 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

SUBTOTAL of Disbursements This Page (optional).....	3296.46
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 34 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. TD Bank

Full Name (Last, First, Middle Initial)
Mailing Address 855 Franklin St.

City Garden City State NY Zip Code 11530

Purpose of Disbursement Deposit Return, Charge Back

Candidate Name **Blakeman 2014 Inc.**

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 04 / 03 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.4438

Category/Type: 001

B. TD Bank

Full Name (Last, First, Middle Initial)
Mailing Address 855 Franklin St.

City Garden City State NY Zip Code 11530

Purpose of Disbursement Bank fees

Candidate Name **Blakeman 2014 Inc.**

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 05 / 21 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.4439

Category/Type: 001

c. TD Bank

Full Name (Last, First, Middle Initial)
Mailing Address 855 Franklin St.

City Garden City State NY Zip Code 11530

Purpose of Disbursement Bank Fee

Candidate Name **Blakeman 2014 Inc.**

Office Sought: House Senate President
State: NY District: 04

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement: 05 / 28 / 2014

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.4440

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 1050.00

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 35 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

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

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

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Transaction ID : **SC/10.4099**

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

Bruce Blakeman

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
770 Shore Road
Unit A

City State ZIP Code
Long Beach NY 11561

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

TERMS

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

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

LOAN SOURCE Full Name (Last, First, Middle Initial) Bruce Blakeman	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 770 Shore Road Unit A		

City	State	ZIP Code
Long Beach	NY	11561

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 28 / Y 2014	M M / D D / Y Y Y Y Demand	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="100000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="200000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	