

**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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00558189

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

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

M M / D D / Y Y Y Y
11 / 04 / 2014in the
State of

NY

(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
10 / 01 / 2014

through

M M / D D / Y Y Y Y
10 / 15 / 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

M M / D D / Y Y Y Y
02 / 19 / 2015

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

	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))....	62059.12	606314.12
(b) Total Contribution Refunds (from Line 20(d))	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	61859.12	606114.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	252596.89	1084344.25
(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))	252596.89	1084344.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	196769.87	
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)	675000.00	

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)

PAGE 3 / 38

Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

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).....

48325.12

532675.12

(ii) Unitemized.....

3784.00

46689.00

(iii) TOTAL of contributions from individuals ▶

52109.12

579364.12

(b) Political Party Committees.....

8000.00

8500.00

(c) Other Political Committees (such as PACs).....

1950.00

18450.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

62059.12

606314.12

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

700000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

700000.00

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)..... ▶

62059.12

1306314.12

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 38

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	252596.89	1084344.25
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	25000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	252796.89	1109544.25

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	387507.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	62059.12
25. SUBTOTAL (add Line 23 and Line 24).....	449566.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	252796.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	196769.87

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 38

(check only one)

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

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) Peter Alizio		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		06		2014
M M M	/	D D D	/	Y Y Y Y Y									
10		06		2014									
Mailing Address 1 The Hollows		Transaction ID : SA11AI.7580											
City Muttontown	State NY	Zip Code 11732											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>		500.00									
500.00													
Name of Employer Alizio & Galfunt	Occupation Attorney												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00													
B. Full Name (Last, First, Middle Initial) Hank Armendinger		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		15		2014
M M M	/	D D D	/	Y Y Y Y Y									
10		15		2014									
Mailing Address 142 Oceanview Rd		Transaction ID : SA11AI.7566											
City East Rockaway	State NY	Zip Code 11518											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">300.00</td> </tr> </table>		300.00									
300.00													
Name of Employer Requested	Occupation Requested												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">300.00</td> </tr> </table>			300.00									
300.00													
C. Full Name (Last, First, Middle Initial) Russell Asch		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		06		2014
M M M	/	D D D	/	Y Y Y Y Y									
10		06		2014									
Mailing Address 33 Nassau Avenue		Transaction ID : SA11AI.7536											
City Malverne	State NY	Zip Code 11565											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>		250.00									
250.00													
Name of Employer Deca Development II LLC	Occupation Project Manager												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="5">1050.00</td> </tr> </table>		1050.00									
1050.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

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

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

FOR LINE NUMBER:

PAGE 6 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Roger Bahnik

Mailing Address 190 Pine Hollow Road

City

Oyster Bay

State

NY

Zip Code

11771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mill Max Manufacturing Corp.

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA11AI.7605

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

B. Edmund Bergassi

Mailing Address 35 Portman Road

City

New Rochelle

State

NY

Zip Code

10801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bergassi Group, LLC

Occupation

Owner

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.7593

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kenneth Bialkin

Mailing Address 4 Times Square, 44th Flr.

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skadden Arps, Et Al.

Occupation

Attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.7531

Amount of Each Receipt this Period

250.00

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

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

3850.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial) Salvatore Biscula		Date of Receipt M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 8 Cedarcrest Drive		Transaction ID : SA11AI.7538	
City Dix Hills	State NY	Zip Code 11746	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Deca Development	Occupation Project Manager		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Jan Burman		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 67 Clinton Road		Transaction ID : SA11AI.7587	
City Garden City	State NY	Zip Code 11530	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer The Engel Burman Group	Occupation Real Estate		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100.00		
C. Full Name (Last, First, Middle Initial) John Catsimatidis		Date of Receipt M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 817 Fifth Avenue		Transaction ID : SA11AI.7606	
City New York	State NY	Zip Code 11065	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Red Apple Group	Occupation CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		
SUBTOTAL of Receipts This Page (optional).....		3350.00	
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 PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 38

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Mary Jane Ciotti

Mailing Address 1323 Barry Drive

City Valley Stream	State NY	Zip Code 11580
-----------------------	-------------	-------------------

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

Name of Employer Parish in Garden City, NY	Occupation Church Secretary
---	--------------------------------

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

Transaction ID : SA11AI.7523

Amount of Each Receipt this Period

200.00

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

Mailing Address 120 Arthur Street

City Garden City	State NY	Zip Code 11530
---------------------	-------------	-------------------

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

Name of Employer Neurologic Surgery, PC	Occupation Neurosurgeon
--	----------------------------

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.7547

Amount of Each Receipt this Period

250.00

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

Mailing Address 22 Range Drive

City Merrick	State NY	Zip Code 11566
-----------------	-------------	-------------------

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

Name of Employer Whitmore Group	Occupation President
------------------------------------	-------------------------

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11AI.7576

Amount of Each Receipt this Period

500.00

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

950.00

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

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

FOR LINE NUMBER:

PAGE 9 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Anthony D'Esposito

Mailing Address 41 Roosevelt Place

City

Island Park

State

NY

Zip Code

11558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nassau County PD

Occupation

Detective

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2014

Transaction ID : SA11AI.7564

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joann Distefano

Mailing Address 3853 New York Avenue

City

Seaford

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Access 7 Services

Occupation

Therapist

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		06		2014

Transaction ID : SA11AI.7591

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joann Distefano

Mailing Address 3853 New York Avenue

City

Seaford

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Access 7 Services

Occupation

Therapist

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2014

Transaction ID : SA11AI.7599

Amount of Each Receipt this Period

1500.00

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

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

2750.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial) Joseph Epifania			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y										
10		07		2014										
Mailing Address 46 Bethany Drive			Transaction ID : SA11AI.7572											
City Commack	State NY	Zip Code 11725												
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
Name of Employer Nelson & Pope		Occupation Engineer												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
B. Full Name (Last, First, Middle Initial) Richard Felix			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>07</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		07		2014
M M M	/	D D D	/	Y Y Y Y Y Y										
10		07		2014										
Mailing Address 108 S. Franklin Avenue			Transaction ID : SA11AI.7532											
City Valley Stream	State NY	Zip Code 11580												
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">250.00</td> </tr> </table>			250.00									
250.00														
Name of Employer Self		Occupation Attorney												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">375.00</td> </tr> </table>			375.00									
375.00														
C. Full Name (Last, First, Middle Initial) Douglas Flindt			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		11		2014
M M M	/	D D D	/	Y Y Y Y Y Y										
10		11		2014										
Mailing Address 948 Cathedral Avenue			Transaction ID : SA11AI.7574											
City Franklin Square	State NY	Zip Code 11010												
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
Name of Employer The Whitmore Group		Occupation Insurance												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5">500.00</td> </tr> </table>			500.00									
500.00														
SUBTOTAL of Receipts This Page (optional).....			<table border="1"> <tr> <td colspan="5">1250.00</td> </tr> </table>		1250.00									
1250.00														
TOTAL This Period (last page this line number only).....			<table border="1"> <tr> <td colspan="5"></td> </tr> </table>											

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

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

FOR LINE NUMBER:

PAGE 11 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
GEORGE FOX
 Mailing Address 7 WHITE DEER COURT

City State Zip Code
 HUNTINGTON NY 11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fedicare, MD

Occupation
 Ex. Director

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
 10 08 2014

Transaction ID : SA11AI.7582

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
RUSSELL FRIEDMAN
 Mailing Address 3000 MARCUS AVENUE, SUITE 2E1

City State Zip Code
 LAKE SUCCESS NY 11042

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Russell Friedman & Assoc.

Occupation
 Attorney

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y
 10 06 2014

Transaction ID : SA11AI.7608

Amount of Each Receipt this Period

2600.00

C. Full Name (Last, First, Middle Initial)
Amedeo Gabrielli
 Mailing Address 129 West Creek Farms Road

City State Zip Code
 Sands Point NY 11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Gabrielli Truck Sales

Occupation
 Owner

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M / D D / Y Y Y Y
 10 11 2014

Transaction ID : SA11AI.7590

Amount of Each Receipt this Period

900.00

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

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

4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.Full Name (Last, First, Middle Initial)
A. Joseph Henshaw

Mailing Address 31 Cherry Lane

City	State	Zip Code
Lynbrook	NY	11563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of HempsteadOccupation
Compliance Counslor

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.7448

Amount of Each Receipt this Period

50.00

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

Mailing Address 90 Wheatley Road

City	State	Zip Code
Old Westbury	NY	11568

FEC ID number of contributing
federal political committee.

C

Name of Employer
P & F Industried, Inc.Occupation
Chairman/CEO

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : SA11AI.7595

Amount of Each Receipt this Period

1000.00

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

Mailing Address 188 E. Maujer Street

City	State	Zip Code
Valley Stream	NY	11580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buffalo Pain & HealingOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.7613

Amount of Each Receipt this Period

2600.00

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

3650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

Bernard Hsu**A.**

Mailing Address 188 E. Maujer Street

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buffalo Pain & Healing

Occupation

Physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11Al.7674

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

Katherine Hsu**B.**

Mailing Address 188 E. Maujer Street

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer

MTA/New York City Transit

Occupation

Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11Al.7611

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Katherine Hsu**C.**

Mailing Address 188 E. Maujer Street

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer

MTA/New York City Transit

Occupation

Physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11Al.7675

Amount of Each Receipt this Period

2400.00

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

7400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

Randolph Johnson**A.**

Mailing Address 9 Meudon Drive

City

Locust Valley

State

NY

Zip Code

11560

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.7597

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

Robert Johnson**B.**

Mailing Address 23 Birch Hill Road

City

Great Neck

State

NY

Zip Code

11020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anthony D. CapetolaOccupation
Lawyer

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.7534

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Edward Keller**C.**

Mailing Address 639 Euclid Avenue

City

W. Hempstead

State

NY

Zip Code

11552

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.7512

Amount of Each Receipt this Period

100.00

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

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

DAVID KNOTT**A.**

Mailing Address 232 CLEFT ROAD

City

MILL NECK

State

NY

Zip Code

11765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Requested

Occupation

Hedge Fund/Investor

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA11AI.7578

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jerry Kornbluth**B.**

Mailing Address 16 Fonda Road

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nassau Community College

Occupation

Dean

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.7549

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Steven Krieger**C.**

Mailing Address 67 Clinton Road

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Engel Burman Group

Occupation

Real Estate Developer

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.7588

Amount of Each Receipt this Period

500.00

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

1250.00

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:

PAGE 16 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

Linda Kule

Mailing Address 1876 Leonard Lane

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law Office of Anthony A. Capet

Occupation

Attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.7539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Kenneth Langone

Mailing Address 375 Park Avenue

City

New York

State

NY

Zip Code

10152

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intermed

Occupation

Businessman

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.7603

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Paul Leventhal

Mailing Address 2084 Edge Road

City

Muttontown

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leventhal & Co., CPAs

Occupation

CPA

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.7551

Amount of Each Receipt this Period

250.00

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

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

3100.00

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

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

FOR LINE NUMBER:

PAGE 17 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Jane Lewit

Mailing Address 2120 Harbourside Drive

City

Longboat Key

State

FL

Zip Code

34228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

Transaction ID : SA11AI.7563

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hulis Mavruk

Mailing Address 164 E. Sunrise Highway

City

Valley Stream

State

NY

Zip Code

11581

FEC ID number of contributing
federal political committee.

C

Name of Employer

HSM Real Estate

Occupation

Businessman

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Transaction ID : SA11AI.7598

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Michael McGinty

Mailing Address 416 Long Beach Road

City

Island Park

State

NY

Zip Code

11558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.7451

Amount of Each Receipt this Period

50.00

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

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

1800.00

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

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

FOR LINE NUMBER:

PAGE 18 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Michael McMurray

Mailing Address 6 Carolyn Court

City	State	Zip Code
Amityville	NY	11701

FEC ID number of contributing federal political committee.

C

Name of Employer
UBS

Occupation
VP UBS Finser

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Transaction ID : SA11Al.7541

Amount of Each Receipt this Period

250.00

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

Mailing Address 94 Tyler Street

City	State	Zip Code
Freeport	NY	11520

FEC ID number of contributing federal political committee.

C

Name of Employer

Town of Hempstead, NY

Occupation
Requested

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SA11Al.7518

Amount of Each Receipt this Period

100.00

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

Mailing Address PO Box 321

City	State	Zip Code
Riverhead	NY	11901

FEC ID number of contributing federal political committee.

C

Name of Employer

Daniel J. Murphy, Esq. (Self)

Occupation
Attorney

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Transaction ID : SA11Al.7543

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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

FOR LINE NUMBER:

PAGE 19 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Michele Olsen

Mailing Address 3177 Wynsum Avenue

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Taub Hametz & Waldman PLLC

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.7559

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark Plumer

Mailing Address 348 Pepperidge Rd.

City

Hewlett Harbor

State

NY

Zip Code

11557

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Lawyers Service, Inc.

Occupation

Legal Services

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.7609

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Frederick Pocci

Mailing Address 15 Robert Drive

City

Chatham

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer

No. Hudson Sewerage Authority

Occupation

Engineer

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.7553

Amount of Each Receipt this Period

250.00

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

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

3100.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI
Transaction ID : SA11AI.7609

Please note, a \$200 refund has been issued to Mark Plumer and is reflected in disbursements.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER:

PAGE 21 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

Leonard Ridini

A.

Mailing Address 15 Perry Court

City

Syosset

State

NY

Zip Code

11791

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

Transaction ID : SA11AI.7561

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Pamela Robb-Melius

B.

Mailing Address 135 West Gate Drive

City

Huntington

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2014

Transaction ID : SA11AI.7601

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Gary Rodolitz

C.

Mailing Address 92 Neptune Avenue

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer

David Lauren Associates, Ltd.

Occupation

Founder/Principal

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2187.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.7682

Amount of Each Receipt this Period

1687.56

In-kind - event hosting

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

4437.56

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:

PAGE 22 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial) Lisa Rodolitz		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		06		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		06		2014									
Mailing Address 92 Neptune Avenue		Transaction ID : SA11AI.7686											
City Woodmere	State NY	Zip Code 11598	Amount of Each Receipt this Period <table border="1"> <tr> <td>1687.56</td> </tr> </table>	1687.56									
1687.56													
FEC ID number of contributing federal political committee. C		In-kind - event hosting											
Name of Employer None	Occupation Marketing and Public Relations												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>1687.56</td> </tr> </table>			1687.56									
1687.56													
B. Full Name (Last, First, Middle Initial) Gaspare Saracino		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		11		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		11		2014									
Mailing Address 2220 Chestnut Avenue		Transaction ID : SA11AI.7570											
City Ronkonkoma	State NY	Zip Code 11779	Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table>	400.00									
400.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Requested	Occupation Requested												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>400.00</td> </tr> </table>			400.00									
400.00													
C. Full Name (Last, First, Middle Initial) Kenneth Saunders		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		06		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		06		2014									
Mailing Address 363 Rice Center		Transaction ID : SA11AI.7555											
City Garden City	State NY	Zip Code 11530	Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00									
250.00													
FEC ID number of contributing federal political committee. C													
Name of Employer Requested	Occupation Requested												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>250.00</td> </tr> </table>			250.00									
250.00													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>2337.56</td> </tr> </table>		2337.56									
2337.56													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

Jennifer Schenker

Mailing Address 15 Hill and Tree Court

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11Al.7557

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOHN TALT

Mailing Address 686 6TH PLACE SOUTH

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11Al.7568

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

Pat Tartaro

Mailing Address 8 Deep Wells Lane

City

Head of Harbor

State

NY

Zip Code

11780

FEC ID number of contributing
federal political committee.

C

Name of Employer
RequestedOccupation
Requested

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11Al.7584

Amount of Each Receipt this Period

500.00

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

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

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial) Edward Torossian		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>06</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		06		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		06		2014									
Mailing Address 1088 Lloyd Street		Transaction ID : SA11AI.7545											
City Franklin Square	State NY	Zip Code 11010	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>						250.00				
					250.00								
FEC ID number of contributing federal political committee. C													
Name of Employer Requested	Occupation Requested												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>								250.00				
					250.00								

B. Full Name (Last, First, Middle Initial) E. David Woycik, Jr.		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		11		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
10		11		2014									
Mailing Address 29 Locust Street		Transaction ID : SA11AI.7586											
City Garden City	State NY	Zip Code 11530	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
FEC ID number of contributing federal political committee. C													
Name of Employer Requested	Occupation Requested												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>								500.00				
					500.00								

C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> </tr> </table>												

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5"></td> <td>750.00</td> </tr> </table>						750.00
					750.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> <td>48325.12</td> </tr> </table>						48325.12
					48325.12		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.Full Name (Last, First, Middle Initial)
A. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PACMailing Address 3601 VINCENNES ROAD
PO BOX 68700City State Zip Code
INDIANAPOLIS IN 46268FEC ID number of contributing
federal political committee.**C** C00170258

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 09 2014

Transaction ID : SA11B.7651

Amount of Each Receipt this Period

1000.00

B. NEW YORK REPUBLICAN FEDERAL CAMPAIGN COMMITTEE

Mailing Address 315 STATE STREET

City State Zip Code
ALBANY NY 12210FEC ID number of contributing
federal political committee.**C** C00055582

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
10 14 2014

Transaction ID : SA11B.7667

Amount of Each Receipt this Period

5000.00

C. PETE KING FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1428

City State Zip Code
SEAFORD NY 11783FEC ID number of contributing
federal political committee.**C** C00272211

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
10 09 2014

Transaction ID : SA11B.7653

Amount of Each Receipt this Period

2000.00

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

8000.00

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

8000.00

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

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

FOR LINE NUMBER:

PAGE 26 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

CHROMALLOY GAS TURBINE CORPORATION POLITICAL ACTION COMMITTEE

A.

Mailing Address 300 BLAISDELL ROAD

City

ORANGEBURG

State

NY

Zip Code

10962

FEC ID number of contributing
federal political committee.

C C00235911

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11C.7655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Island Park-Lido-Point Lookout Republican Club

Mailing Address 41 Roosevelt Place

City

Island Park

State

NY

Zip Code

11558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11C.7660

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C.

Stewart Manor Fire Department

Mailing Address 120 Covert Ave.

City

Stewart Manor

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11C.7658

Amount of Each Receipt this Period

150.00

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

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

1950.00

1950.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 38

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. American Express AXP Discount

Mailing Address PO Box 53773

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
Merchant fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

145.58

Transaction ID : SB17.7632

B. BKCD Processing

Mailing Address 515 Broadhollow Road

City	State	Zip Code
Mellville	NY	11747

Purpose of Disbursement
Credit card services fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

338.49

Transaction ID : SB17.7623

c. Coral House

Mailing Address 70 Milburn Avenue

City	State	Zip Code
Baldwin	NY	11510

Purpose of Disbursement
Fundraiser 10/5

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2014

Amount of Each Disbursement this Period

3868.05

Transaction ID : SB17.7631

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

4352.12

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 38

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Judith Czak

Mailing Address 22 Everett St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

City	State	Zip Code
Valley Stream	NY	11580

Purpose of Disbursement
Administrative Consulting - September

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.7617

Full Name (Last, First, Middle Initial)

B. Judith Czak

Mailing Address 22 Everett St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

City	State	Zip Code
Valley Stream	NY	11580

Purpose of Disbursement
Reimbursement for purchase of computer & program

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

954.81

Transaction ID : SB17.7635

Full Name (Last, First, Middle Initial)

c. Garden City Country Club

Mailing Address 206 Stewart Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

City	State	Zip Code
Garden City	NY	11530

Purpose of Disbursement
Demille/Lucci Fundraiser

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

4032.64

Transaction ID : SB17.7643

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

7987.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Peyton Hillis

Mailing Address 1925 Giants Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

City	State	Zip Code
East Rutherford	NJ	07073

Purpose of Disbursement
Event fees

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.7679

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Henry Hynoski

Mailing Address 1925 Giants Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

City	State	Zip Code
East Rutherford	NJ	07073

Purpose of Disbursement
Event fees

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.7677

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. John McLaughlin & Associates

Mailing Address 566 So. Rte 303

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

City	State	Zip Code
Blauvelt	NY	10913

Purpose of Disbursement
TV ads

Amount of Each Disbursement this Period

120000.00

Transaction ID : SB17.7626

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

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

121000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 38

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. John McLaughlin Media Acct

Mailing Address 566 So. Rte 303

City	State	Zip Code
Blauvelt	NY	10913

Purpose of Disbursement
TV ads

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

100000.00

Transaction ID : SB17.7647

B. Joint Republican Headquarters

Mailing Address 721 Franklin Ave.

City	State	Zip Code
Franklin Square	NY	11010

Purpose of Disbursement
October rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.7621

c. LMN Printing Company

Mailing Address 21 West Merrick Road

City	State	Zip Code
Valley Stream	NY	11580

Purpose of Disbursement
Printing - palm cards/posters

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

4920.06

Transaction ID : SB17.7646

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

105420.06

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Gerlad Marino

Mailing Address 707 Virginia Ave.

City	State	Zip Code
No. Bellmore	NY	11710

Purpose of Disbursement
Reimbursement for printing of fundraiser tickets

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

1252.04

Transaction ID : SB17.7619

B. Gerlad Marino

Mailing Address 707 Virginia Ave.

City	State	Zip Code
No. Bellmore	NY	11710

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2014

Amount of Each Disbursement this Period

52.57

Transaction ID : SB17.7644

C. New York State Conservative Party

Mailing Address 486 78th Street

City	State	Zip Code
Ft. Hamilton Station	NY	11209

Purpose of Disbursement
Dinner ticket

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.7620

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

1804.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Peninsula Partners

Mailing Address 152 Madison Avenue

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
Political Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.7634

B. Proteus Strategies

Mailing Address 132 Lafayette Pl.

City	State	Zip Code
Woodmere	NY	11598

Purpose of Disbursement
Management Consulting - September

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.7636

C. Queens Jewish Link

Mailing Address 147-24 69th Road

City	State	Zip Code
Flushing	NY	11367

Purpose of Disbursement
1/2 page color ad

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : SB17.7625

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

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

7550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. Gary Rodolitz

Mailing Address 92 Neptune Avenue

City	State	Zip Code
Woodmere	NY	11598

Purpose of Disbursement
In-kind - event hosting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

1687.56

Transaction ID : SB17.7684

B. Lisa Rodolitz

Mailing Address 92 Neptune Avenue

City	State	Zip Code
Woodmere	NY	11598

Purpose of Disbursement
In-kind - event hosting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

1687.56

Transaction ID : SB17.7687

c. TD Bank

Mailing Address 855 Franklin St.

City	State	Zip Code
Garden City	NY	11530

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.7627

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

3400.12

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Blakeman 2014 Inc.

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 855 Franklin St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Garden City	NY	11530

Purpose of Disbursement
Returned ck for insufficient funds (Maria Aramanda, ck #309 dated 9/30)

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.7629

B. TD Bank

Mailing Address 855 Franklin St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
Garden City	NY	11530

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.7630

c. TD Bank

Mailing Address 855 Franklin St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

City	State	Zip Code
Garden City	NY	11530

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.7648

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

545.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 38

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

Blakeman 2014 Inc.

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

[PERSONAL FUNDS]

Election: 2014

Bruce Blakeman

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

770 Shore Road

Unit A

City

State

ZIP Code

Long Beach

NY

11561

Original Amount of Loan

100000.00

Cumulative Payment To Date

25000.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 04 / 2014

Date Due

M M / D D / Y Y Y Y

D D / Y Y Y Y

Demand

Interest Rate

3.00

% (apr)

Secured:

☐ 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)..... ►

75000.00

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

PAGE 37 OF 38

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

Blakeman 2014 Inc.

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

[PERSONAL FUNDS]

Election: 2014

Bruce Blakeman

☒ 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 M / D D / Y Y Y Y
03 / 28 / 2014

M M / D D / Y Y Y Y

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

PAGE 38 OF 38

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5301

Blakeman 2014 Inc.

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

[PERSONAL FUNDS]

Election: 2014

Bruce Blakeman

☐ 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

500000.00

0.00

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 30 / 2014

M M / D D / Y Y Y Y

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)..... ►

500000.00

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

675000.00

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