

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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 / / in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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								
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SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

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

	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))....	84869.64	689683.76
(b) Total Contribution Refunds (from Line 20(d))	0.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	84869.64	689483.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	571222.47	1640002.81
(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))	571222.47	1640002.81
8. Cash on Hand at Close of Reporting Period (from Line 27)	50417.04	
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)	1015000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Blakeman 2014 Inc.

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
79449.00	610624.12	1500.00
(ii) Unitemized		
1840.00	48529.00	0.00
(iii) Total of contributions from individuals		
81289.00	659153.12	1500.00
(b) Political Party Committees		
0.00	8500.00	0.00
(c) Other Political Committees		
3580.64	22030.64	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
84869.64	689683.76	1500.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
340000.00	1040000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
340000.00	1040000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
424869.64	1729683.76	1500.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Blakeman 2014 Inc.

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

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="571222.47"/>	<input type="text" value="1640002.81"/>	<input type="text" value="15563.91"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="25000.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="200.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 46

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	200.00	0.00
------	--------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
------	------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

571222.47	1665202.81	15563.91
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

84869.64	689483.76	1500.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

571222.47	1640002.81	15563.91
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	196769.87
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	424869.64
25. SUBTOTAL (add Line 23 and Line 24).....	621639.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	571222.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	50417.04

**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 46
	<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)
S. Alois

Mailing Address 1176 Palermo Court

City State Zip Code
Franklin Square NY 11010

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

Name of Employer Occupation
Five Star Electric Project Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
625.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.7894

Amount of Each Receipt this Period
500.00

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

Mailing Address 1425 Rexcorp Plaza
Clenn Curtiss Blvd.

City State Zip Code
Uniondale NY 11556

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

Name of Employer Occupation
Ruskin Moscou Faltichcek Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7763

Amount of Each Receipt this Period
2000.00

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

Mailing Address 240 Broadway

City State Zip Code
Lawrence NY 11559

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

Name of Employer Occupation
Retired Retired

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 / 24 / 2014

Transaction ID : SA11AI.7736

Amount of Each Receipt this Period
5000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<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. Brad Blumenfeld		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2 E. End Avenue		Transaction ID : SA11AI.7804
City New York	State NY	
Zip Code 10075		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 Requested	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. David Blumenfeld		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 300 Robbins Lane		Transaction ID : SA11AI.7806
City Syosset	State NY	
Zip Code 11791		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 Requested	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Edward Blumenfeld		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 300 Robbins Lane		Transaction ID : SA11AI.7866
City Syosset	State NY	
Zip Code 11791		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 Requested Blumenfeld Development Group	Occupation Requested Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 9 OF 46
	<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) Dorothy Breslin		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 500 Old Country Road		Transaction ID : SA11AI.7723
City Garden City	State NY	
Zip Code 11530		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 Breslin Realty Development Gro	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Henry M. Buhl		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 114 Greene Street - 5th Floor		Transaction ID : SA11AI.7385
City New York	State NY	
Zip Code 10012		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 Association of Community Emplo	Occupation senior staff member	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) John D. Cameron Jr.		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 59 Royal Ct.		Transaction ID : SA11AI.7715
City Rockville Centre	State NY	
Zip Code 11570		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 Cameron Engineering	Occupation Professional Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	4600.00
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 10 OF 46
	<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)
Patrick Cassino

Mailing Address 3333 Sunrise Hwy.

City State Zip Code
Wantagh NY 11793

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

Name of Employer Occupation
Sun-Buick GMC New Car Dealer

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 / 21 / 2014

Transaction ID : SA11AI.7399

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 1543

City State Zip Code
Englewood Cliffs NJ 07632

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

Name of Employer Occupation
NORPAC 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
 11 / 05 / 2014

Transaction ID : SA11AI.7909

Amount of Each Receipt this Period
500.00

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

Mailing Address 203 Rockaway Avenue

City State Zip Code
Valley Stream NY 11580

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

Name of Employer Occupation
James D. Ciancarelli DMD Dentist

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 / 23 / 2014

Transaction ID : SA11AI.7845

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 11 OF 46
	<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)
Jonathan Cohen

Mailing Address 23 Farmstead Lane

City State Zip Code
Glen Head NY 11545

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
 10 / 20 / 2014

Transaction ID : SA11AI.7808

Amount of Each Receipt this Period
 500.00

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

Mailing Address 100 15th Street

City State Zip Code
New York NY 11530

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

Name of Employer Requested Occupation Requested
Self Employed Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7907

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Angelo Francis Corya

Mailing Address 1 Duke of Gloucester

City State Zip Code
Manhasset NY 11000

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

Name of Employer Requested Occupation Requested
Self Employed

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.7726

Amount of Each Receipt this Period
 1000.00

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Margaret A. Cremins

Mailing Address 77 Mountain Ave.

City State Zip Code
Larchmont NY 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
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7738

Amount of Each Receipt this Period
5200.00

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

Mailing Address 63 Wellington Road

City State Zip Code
Garden City NY 11530

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

Name of Employer Requested Occupation Requested
Nassau County IT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 16 / 2014

Transaction ID : SA11AI.7368

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Audrey J. D'Amato

Mailing Address 200 Highwood Circle

City State Zip Code
Oyster Bay Cover NY 11771

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.7773

Amount of Each Receipt this Period
1000.00

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

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

7200.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 13 OF 46

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Cathy Dalzell

Mailing Address 1614 E. Curry Road

City State Zip Code
 Tempe AZ 85281

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

Name of Employer Occupation
 Valley Rain Construction Co. Contractor

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
 10 29 2014

Transaction ID : SA11AI.7782

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 40 Central Park South

City State Zip Code
 New York NY 10019

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

Name of Employer Occupation
 Davidsohn Global CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : SA11AI.7768

Amount of Each Receipt this Period
 1800.00

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

Mailing Address 9 Lockhern Drive

City State Zip Code
 Livingston NJ 07039

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
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 23 2014

Transaction ID : SA11AI.7960

Amount of Each Receipt this Period
 250.00

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

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

4050.00

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

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

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Richard Entel

Mailing Address 235 Fox Hollow Road

City State Zip Code
Woodbury NY 11797

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7904

Amount of Each Receipt this Period
250.00

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

Mailing Address 46 Bethany Drive

City State Zip Code
Commack NY 11725

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

Name of Employer Requested Occupation Requested
Nelson & Pope Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.7711

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1814 Yale Road

City State Zip Code
Merrick NY 11566

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11AI.7814

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

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

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Salvatore Ferrara

Mailing Address 601 Howard Avenue

City State Zip Code
West Hempstead NY 11552

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
 10 17 2014

Transaction ID : SA11AI.7802

Amount of Each Receipt this Period
 200.00

Amount of Each Receipt this Period
 400.00

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

Mailing Address 801 Motor Parkway

City State Zip Code
Hauouoage NY 11788

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

Name of Employer Requested Occupation Requested
Cashin Spinelli & Ferretti Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 24 2014

Transaction ID : SA11AI.7752

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey D. Forchelli Esq.

Mailing Address 5 Danton Lane South

City State Zip Code
Lattingtown NY 11560

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
 10 24 2014

Transaction ID : SA11AI.7741

Amount of Each Receipt this Period
 2000.00

Amount of Each Receipt this Period
 2000.00

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

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

3200.00

**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 46
	<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)
Zachary Gerut

Mailing Address 1245 Colonial Road

City State Zip Code
Hewlett NY 11557

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.7793

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1245 Colonial Road

City State Zip Code
Hewlett NY 11557

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.7883

Amount of Each Receipt this Period
2000.00

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

Mailing Address 925 Delaware Ave.

City State Zip Code
Buffalo NY 14209

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

Name of Employer Occupation
Cello-Pack Corp. Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11AI.7789

Amount of Each Receipt this Period
1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<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)
Philip F. Goehring Jr.

Mailing Address 1106 Elizabeth Street

City State Zip Code
Baldwin NY 11510

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

Name of Employer Occupation
Electrical Inspectors, Inc. VP/Chief Electrical Inspector

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 / 23 / 2014

Transaction ID : SA11AI.7717

Amount of Each Receipt this Period
1000.00

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

Mailing Address 20 Wilkshire Circle

City State Zip Code
North Hills NY 11030

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.7381

Amount of Each Receipt this Period
2500.00

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

Mailing Address 20 Wilkshire Circle

City State Zip Code
North Hills NY 11030

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

Name of Employer Occupation
Stile Association President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.7376

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: PAGE 19 OF 46
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
Christopher C. Hein

Mailing Address 2004 Midlane South

City State Zip Code
Muttontown NY 11791

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

Name of Employer Requested Occupation
Requested American Recycling

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
 10 21 2014

Transaction ID : SA11AI.7397

Amount of Each Receipt this Period
2000.00

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

Mailing Address 28 Cedar Lane

City State Zip Code
Sands Point NY 11050

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

Name of Employer Requested 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
 10 23 2014

Transaction ID : SA11AI.7840

Amount of Each Receipt this Period
500.00

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

Mailing Address 23 Woodgreen Lane

City State Zip Code
East Hills NY 11577

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

Name of Employer Requested 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
 10 20 2014

Transaction ID : SA11AI.7810

Amount of Each Receipt this Period
500.00

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 20 OF 46
	<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)
Sean King

Mailing Address 16 West 19 Street

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
Anthony D. Capetola Lawyer

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 / 30 / 2014

Transaction ID : SA11AI.7882

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Erin King Sweeney

Mailing Address 3644 Island Road

City State Zip Code
Wantagh NY 11793

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

Name of Employer Occupation
Self Employed Attorney/Ins. Broker

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 / 30 / 2014

Transaction ID : SA11AI.7880

Amount of Each Receipt this Period
500.00

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

Mailing Address 67 Clinton Road

City State Zip Code
Garden City NY 11530

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

Name of Employer Occupation
The Engel Burman Group Real Estate Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2014

Transaction ID : SA11AI.7910

Amount of Each Receipt this Period
1000.00

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 21 OF 46
	<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)
Stanley Levine

Mailing Address 100 Quentin Roosevelt Blvd

City State Zip Code
Garden City NY 11530

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
449.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.7801

Amount of Each Receipt this Period
449.00

B. Full Name (Last, First, Middle Initial)
Cornelius Lynch, Jr.

Mailing Address 601 Washington Boulevard

City State Zip Code
Long Beach NY 11561

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

Name of Employer Disabled Occupation Disabled

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.7824

Amount of Each Receipt this Period
250.00

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

Mailing Address 601 Washington Boulevard

City State Zip Code
Long Beach NY 11561

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

Name of Employer Occupation
Port Authority of NY and NJ Police Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.7826

Amount of Each Receipt this Period
400.00

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

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

1099.00

**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 46
	<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) Tami Mack		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 960 Park Avenue		Transaction ID : SA11AI.7374
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Housewife	Occupation Housewife	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) John T. Magliocco		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 76 Biltmore Ave Apt. 437		Transaction ID : SA11AI.7389
City Rye	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Bulldog Ventures, Ltd.	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Ronald Marciano		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 686 Burnside Avenue		Transaction ID : SA11AI.7766
City Inwood	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Burnside Collision	Occupation Requested	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

SUBTOTAL of Receipts This Page (optional).....	4500.00
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 23 OF 46
	<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)
Bryan Monette

Mailing Address 11 Michigan Avenue

City Massapequa State NY Zip Code 11758

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
 11 / 04 / 2014

Transaction ID : SA11AI.7900

Amount of Each Receipt this Period
 250.00

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

Mailing Address 18 Jomarr Court

City Massapequa State NY Zip Code 11758

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
 11 / 04 / 2014

Transaction ID : SA11AI.7902

Amount of Each Receipt this Period
 500.00

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

Mailing Address 18 E. 85 St,

City New York State NY Zip Code 10028

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

Name of Employer Requested Occupation Requested
 Rosen Partners Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7748

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<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 Rubinstein

Mailing Address 1075 55th Street

City State Zip Code
Brooklyn NY 11204

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 Y Y
10 / 24 / 2014

Transaction ID : SA11AI.7732

Amount of Each Receipt this Period
5000.00

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

Mailing Address 36 Bucknell Drive

City State Zip Code
Plainview NY 11803

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

Name of Employer Requested Occupation Requested
Santinelli Int'l Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.7832

Amount of Each Receipt this Period
300.00

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

Mailing Address 200 Garden City Plaza Suite 301

City State Zip Code
Garden City NY 11530

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

Name of Employer Requested Occupation Requested
Schlissel, Ostrow & Karabatos Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : SA11AI.7849

Amount of Each Receipt this Period
300.00

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<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)
Ann Schockett

Mailing Address 930 Browers Point Bridge

City Woodmere State NY Zip Code 11598

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

Name of Employer Employer Occupation Occupation

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 / 27 / 2014

Transaction ID : SA11AI.7865

Amount of Each Receipt this Period
500.00

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

Mailing Address 192 Dorchester Road

City Garden City State NY Zip Code 11530

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

Name of Employer Nassau County Legislature Occupation Photographer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7898

Amount of Each Receipt this Period
250.00

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

Mailing Address 529 Fifth Avenue

City New York State NY Zip Code 10017

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11AI.7795

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 46
	<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)
Michael Setzer

Mailing Address 811 Foxvalley Court

City State Zip Code
Cincinnati OH 45230

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11A1.7857

Amount of Each Receipt this Period
250.00

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

Mailing Address 441 Hempstead Ave

City State Zip Code
., Rockville Centre NY 11570

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

Name of Employer Requested Occupation Requested
ARx Group CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11A1.7778

Amount of Each Receipt this Period
2500.00

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

Mailing Address P. O. Box 2

City State Zip Code
Merion PA 19066

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

Name of Employer Requested Occupation Requested
Self Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11A1.7905

Amount of Each Receipt this Period
2000.00

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

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

4750.00

**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 27 OF 46
	<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)
Bryan Skarlatos

Mailing Address 167 Harbor Road

City State Zip Code
Sands Point NY 11050

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 Y Y
 10 / 23 / 2014

Transaction ID : SA11AI.7851

Amount of Each Receipt this Period
 250.00

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

Mailing Address 45 Red Road

City State Zip Code
Chatham NJ 07928

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

Name of Employer Requested Occupation Requested
Valenti Synergy Colsulting LLC Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.7799

Amount of Each Receipt this Period
 250.00

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

Mailing Address 401 W. Beech Street

City State Zip Code
Long Beach NY 11561

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 Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.7830

Amount of Each Receipt this Period
 500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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. Mark P. Weingarten		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 2 Wright Drive		Transaction ID : SA11AI.7720
City Colden Bridge	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Deldello Donnelly	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) B. John C. Whitehead		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 666 5th Avenue		Transaction ID : SA11AI.7392
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 Retired	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) C. Barry Yampol		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 19667 Turnberry Way		Transaction ID : SA11AI.7893
City Aventura	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Azurite Corp, Ltd.	Occupation CEO/President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	5100.00
TOTAL This Period (last page this line number only).....	79449.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Blakeman 2014 Inc.

A. Full Name (Last, First, Middle Initial)
BOLTON FOR CONGRESS COMMITTEE

Mailing Address 810 FLANNERS COURT

City SPRING State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C** C00396622

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2580.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11C.7708

Amount of Each Receipt this Period
2580.64

B. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

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 Y Y
 10 / 27 / 2014

Transaction ID : SA11C.7756

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

3580.64

3580.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46
	<input type="checkbox"/> 11a 12 <input checked="" 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. Bruce A Blakeman		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 770 Shore Road Unit A		Transaction ID : SA13A.7697
City Long Beach	State NY	
FEC ID number of contributing federal political committee. C H4NY04091		Amount of Each Receipt this Period 250000.00
Name of Employer Self	Occupation Attorney	loan to campaign
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250000.00	

Full Name (Last, First, Middle Initial) B. Bruce A Blakeman		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 770 Shore Road Unit A		Transaction ID : SA13A.7760
City Long Beach	State NY	
FEC ID number of contributing federal political committee. C H4NY04091		Amount of Each Receipt this Period 50000.00
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 300000.00	

Full Name (Last, First, Middle Initial) C. Bruce A Blakeman		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 770 Shore Road Unit A		Transaction ID : SA13A.7776
City Long Beach	State NY	
FEC ID number of contributing federal political committee. C H4NY04091		Amount of Each Receipt this Period 40000.00
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 340000.00	

SUBTOTAL of Receipts This Page (optional).....	340000.00
TOTAL This Period (last page this line number only).....	340000.00

**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 31 OF 46	
	<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. American Express AXP Discount		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 407.05
City Phoenix	State AZ	
Zip Code 85072	Purpose of Disbursement Bank Fee	Transaction ID : SB17.7948
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Beach House		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 328A Main Street		Amount of Each Disbursement this Period 6000.00
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement Video Shoot	Transaction ID : SB17.7917
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Beach House		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 328A Main Street		Amount of Each Disbursement this Period 3000.00
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement Video Shoot	Transaction ID : SB17.7932
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9407.05
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 46	
	<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. BKCD Processing		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 515 Broadhollow Road		Amount of Each Disbursement this Period 200.60 Transaction ID : SB17.7946
City Mellville	State NY	
Zip Code 11747	Purpose of Disbursement Bank Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Bottom Line Marketing		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2076 Flatbush Avenue		Amount of Each Disbursement this Period 1031.73 Transaction ID : SB17.7939
City Brooklyn	State NY	
Zip Code 11234	Purpose of Disbursement Mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CCC Enterprises		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 324 West 19 St.		Amount of Each Disbursement this Period 24000.00 Transaction ID : SB17.7924
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement District Wide Mailings - balance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	25232.33
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 46		
	<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 Enterprises		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 324 West 19 St.		Amount of Each Disbursement this Period 7594.12
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement District Wide Mailings - balance	Transaction ID : SB17.7931
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CCC Enterprises		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 324 West 19 St.		Amount of Each Disbursement this Period 12558.86
City Deer Park	State NY	
Zip Code 11729	Purpose of Disbursement Campaign mailings/signs/posters	Transaction ID : SB17.7951
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Cushing Media Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 139 Tulip Avenue		Amount of Each Disbursement this Period 500.00
City Floral Parl	State NY	
Zip Code 11001	Purpose of Disbursement Media	Transaction ID : SB17.7950
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20652.98
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 46	
	<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 M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 22 Everett St.		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.7943
City Valley Stream	State NY	
Zip Code 11580	Purpose of Disbursement Administrative Consilting - October	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John McLaughlin Media Acct		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 100000.00 Transaction ID : SB17.7912
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. John McLaughlin Media Acct		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 200000.00 Transaction ID : SB17.7922
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	303000.00
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 46	
	<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 10 / 27 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 80000.00 Transaction ID : SB17.7925
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John McLaughlin Media Acct		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 80000.00 Transaction ID : SB17.7933
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. John McLaughlin Media Acct		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 566 So. Rte 303		Amount of Each Disbursement this Period 43331.00 Transaction ID : SB17.7935
City Blauvelt	State NY	
Zip Code 10913	Purpose of Disbursement Media	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	203331.00
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 36 OF 46			
	<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. KB Strategic Group			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014		
Mailing Address 3213 Duke St., Ste 700			Amount of Each Disbursement this Period 1450.00		
City Alexandria	State VA	Zip Code 23314	Transaction ID : SB17.7938		
Purpose of Disbursement Fundraising Consulting		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. LaTribuna Hispana			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014		
Mailing Address PO Box 186			Amount of Each Disbursement this Period 800.00		
City Hempstead	State NY	Zip Code 11550	Transaction ID : SB17.7915		
Purpose of Disbursement Media		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) C. LMN Printing Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014		
Mailing Address 21 West Merrick Road			Amount of Each Disbursement this Period 1792.31		
City Valley Stream	State NY	Zip Code 11580	Transaction ID : SB17.7942		
Purpose of Disbursement Printing		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	4042.31
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 37 OF 46			
	<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 Republican Com			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 164 Post Avenue			Amount of Each Disbursement this Period 1000.00		
City Westbury	State NY	Zip Code 11590	Transaction ID : SB17.7911		
Purpose of Disbursement Event		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Proteus Strategies			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014		
Mailing Address 132 Lafayette Pl.			Amount of Each Disbursement this Period 2000.00		
City Woodmere	State NY	Zip Code 11598	Transaction ID : SB17.7952		
Purpose of Disbursement Management Consulnig - October		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Staples			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014		
Mailing Address 251-21 Jericho Turnpike			Amount of Each Disbursement this Period 92.84		
City Bellrose	State NY	Zip Code 11426	Transaction ID : SB17.7920		
Purpose of Disbursement Printer Toner		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	3092.84
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 38 OF 46			
	<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)		Date of Disbursement
A. TD Bank		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period
City Garden City State NY Zip Code 11530		25.00
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7913
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. TD Bank		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period
City Garden City State NY Zip Code 11530		15.00
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7921
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. TD Bank		M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period
City Garden City State NY Zip Code 11530		25.00
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7923
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	65.00
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 39 OF 46			
	<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)		Date of Disbursement											
A. TD Bank		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		27		2014
M M	/	D D	/	Y Y Y Y									
10		27		2014									
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Garden City	NY	11530											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7926											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. TD Bank		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>29</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		29		2014
M M	/	D D	/	Y Y Y Y									
10		29		2014									
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Garden City	NY	11530											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7934											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. TD Bank		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		30		2014
M M	/	D D	/	Y Y Y Y									
10		30		2014									
Mailing Address 855 Franklin St.		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Garden City</td> <td>NY</td> <td>11530</td> </tr> </table>		City	State	Zip Code	Garden City	NY	11530	<table border="1"> <tr> <td>25.00</td> </tr> </table>		25.00			
City	State	Zip Code											
Garden City	NY	11530											
25.00													
Purpose of Disbursement Bank Fee		Transaction ID : SB17.7936											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

SUBTOTAL of Disbursements This Page (optional).....	75.00
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 40 OF 46	
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 600 Franklin Ave		Amount of Each Disbursement this Period 1617.00
City Garden City State NY Zip Code 11530	Purpose of Disbursement Postage	
Candidate Name	Category/Type	Transaction ID : SB17.7941
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1617.00
TOTAL This Period (last page this line number only).....	570515.51

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)

[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 03 / D 04 / Y 2014 Y

Date Due

M M / D D / Y Demand Y Y

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

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/10.4101**

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 28 / Y 2014 M M / D D / 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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/10.5301**

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: M 06 / D 30 / Y 2014
 Date Due: M / D / 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)..... ▶ 500000.00

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

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/10.7697**

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

Bruce A 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
250000.00	0.00	250000.00

TERMS

Date Incurred: M 10 / D 22 / Y 2014
 Date Due: M / D / Y on 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).....	▶	250000.00
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/10.7760**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Bruce A 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 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 10 / D 29 / Y 2014
 Date Due: M / D / Y on 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)..... ▶ 50000.00

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**

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/10.7776**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Bruce A 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 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 10 / D 30 / Y 2014
Date Due: M / D / Y on 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).....	▶	40000.00
TOTALS This Period (last page in this line only).....	▶	1015000.00

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