

**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

FRANK SCATURRO FOR CONGRESS

ADDRESS (number and street)

515 HERRICKS ROAD

SUITE 4

☐ Check if different
than previously
reported. (ACC)

NEW HYDE PARK

NY

11040

2. FEC IDENTIFICATION NUMBER ▼

C C00465054

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(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

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 John F. Craven

Signature of Treasurer

John F. Craven

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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)

PAGE 2 / 54

Write or Type Committee Name

FRANK SCATURRO FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		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))....	40265.14	121148.14
(b) Total Contribution Refunds (from Line 20(d))	2350.00	2350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	37915.14	118798.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45575.89	73063.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	18.00	1943.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	45557.89	71119.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	106225.36	
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)	283178.80	

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)

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Write or Type Committee Name

FRANK SCATURRO FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		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).....

33190.00

99154.00

(ii) Unitemized

5575.14

19094.14

(iii) TOTAL of contributions from individuals ▶

38765.14

118248.14

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

1500.00

2900.00

(d) The Candidate

0.00

0.00

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

40265.14

121148.14

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

40000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

40000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

18.00

1943.67

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)..... ▶

40283.14

163091.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45575.89	73063.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2350.00	2350.00
(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)).....	2350.00	2350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	47925.89	75413.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	113868.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	40283.14
25. SUBTOTAL (add Line 23 and Line 24).....	154151.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47925.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106225.36

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 54

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Gail Blaustein

Mailing Address 628 Derby Ave

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		12		2014

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

John Burkart

Mailing Address 2754 Clarendon Ave

City

Bellmore

State

NY

Zip Code

11710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hanover Insurance Company

Occupation

Marketing Rep

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		29		2014

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Marilyn Cohen

Mailing Address 87 Merle Ave.

City

Oceanside

State

NY

Zip Code

11572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

485.00

Date of Receipt

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

Transaction ID : SA11AI.4815

Amount of Each Receipt this Period

250.00

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

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

850.00

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

FOR LINE NUMBER:

PAGE 6 OF 54

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Marilyn Cohen

Mailing Address 87 Merle Ave.

City

Oceanside

State

NY

Zip Code

11572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Patricia Costello

Mailing Address 180 Beech St.

City

Floral Park

State

NY

Zip Code

11001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Robert Dann

Mailing Address 1455 Richard Ave

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Sales

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SA11AI.4825

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER:

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Christopher Early

Mailing Address 1325 15th St NW

City
washingtonState
DCZip Code
20005FEC ID number of contributing
federal political committee.

C

Name of Employer
U.S. Dept. of EnergyOccupation
Engineer

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
01		15		2014

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Kathleen Flanagan

Mailing Address 12 Sylvester Pl

City
LynbrookState
NYZip Code
11563FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore LTDOccupation
Physical Therapist

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
03		19		2014

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

John Forsyth

Mailing Address 41 Nassau Ave

City
MalverneState
NYZip Code
11565FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Construction

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
03		16		2014

Transaction ID : SA11AI.4830

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
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FOR LINE NUMBER:

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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

David Friedman

Mailing Address 201 W 70th St

City

New York

State

NY

Zip Code

10123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skadden ArpsOccupation
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
02		11		2014

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Gary Grella

Mailing Address 16 Clowes Ave.

City

Hempstead

State

NY

Zip Code

11550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

Paul Grella

Mailing Address 114 Raymond St.

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roosevelt Public SchoolsOccupation
Teacher

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2014

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period

100.00

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

475.00

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)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Edward Happle

Mailing Address PO Box 279

City

Elmwood Park

State

NJ

Zip Code

07407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 23 / 2014

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Edward Hochman

Mailing Address 225 E 57th St

City

New York

State

NY

Zip Code

10022-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

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

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Jonathan Hoff

Mailing Address 37 Kenilworth Rd

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cadwalader, Wickersham & Taft

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
01 / 25 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period

2600.00

3600.00

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

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

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)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Irene Honan

Mailing Address 442 W. Chester St.

City

Long Beach

State

NY

Zip Code

11561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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
03		04		2014

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Douglas Hyer

Mailing Address 233 East Shore Rd.

City

Great Neck

State

NY

Zip Code

11023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asset Advisory Services

Occupation

Financial Advisor

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
01		03		2014

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert Jarman

Mailing Address 385 Knickerbocker Ave.

City

Brooklyn

State

NY

Zip Code

11237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Chiropractor

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
02		22		2014

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period

500.00

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

1000.00

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 11 OF 54

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert Jarman

Mailing Address 385 Knickerbocker Ave.

City

Brooklyn

State

NY

Zip Code

11237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Chiropractor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		23		2014

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

Benjamin Kahrl

Mailing Address 6528 Damascus Rd

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer

GDR Acquisition Company

Occupation

General Counsel

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
01		01		2014

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Helene Kelleher

Mailing Address 138 Demott Ave

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.4821

Amount of Each Receipt this Period

300.00

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

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

900.00

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 54

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Helene Kelleher

A.

Mailing Address 138 Demott Ave

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5088

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

Bryan Korman

B.

Mailing Address 70 Sherman Ave

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prudential Financial

Occupation

Insurance

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.4817

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Chris Lawrence

C.

Mailing Address 225 North Long Beach Rd

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

CJ's Coffee Shop

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period

100.00

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

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

450.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Chris Lawrence

Mailing Address 225 North Long Beach Rd

City

Rockville Centre

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer

CJ's Coffee Shop

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Loreen Lawrence

Mailing Address PO Box 607

City

Point Lookout

State

NY

Zip Code

11569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Military

Occupation

Independent Military Professional

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

John Leboutillier

Mailing Address PO Box 230

City

Old Westbury

State

NY

Zip Code

11581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Author

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : SA11AI.4882

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 RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Christopher Loggia**A.**

Mailing Address PO Box 37097

City

Elmont

State

NY

Zip Code

11033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Christopher Loggia**B.**

Mailing Address PO Box 37097

City

Elmont

State

NY

Zip Code

11033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Michael Maffucci**C.**

Mailing Address 3685 Merrick Rd.

City

Seaford

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Verity Van Lines

Occupation

Business Owner

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
01		17		2014

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period

500.00

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

700.00

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

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

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Eileen Manna

Mailing Address 101 Ann St.

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer
US CBPOccupation
Officer

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
02		13		2014

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

Eileen Manna

Mailing Address 101 Ann St.

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer
US CBPOccupation
Officer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

Eileen Manna

Mailing Address 101 Ann St.

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer
US CBPOccupation
Officer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5093

Amount of Each Receipt this Period

200.00

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

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

395.00

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

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ronald Manna

A.

Mailing Address 101 Ann St.

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Misonix

Occupation

VP of Operations

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
03		19		2014

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Ronald Manna

B.

Mailing Address 101 Ann St.

City

Valley Stream

State

NY

Zip Code

11580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Misonix

Occupation

VP of Operations

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Malcolm McCullough

C.

Mailing Address 51 Lawrence Ave.

City

Malverne

State

NY

Zip Code

11565

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYS Office of Metnal Health

Occupation

Psychologist

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
03		19		2014

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period

250.00

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

450.00

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

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

James McHughe

A.

Mailing Address 15 White Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hyde Park Civic Associatio

Occupation

President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Michael Merwitz

B.

Mailing Address 368 Westminster Rd

City

Cedarhurst

State

NY

Zip Code

11516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auriga USA LLC

Occupation

CTO

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
03		27		2014

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Hunter Murtaugh

C.

Mailing Address 162 Newtown Tpke

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Musician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		23		2014

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

300.00

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

1050.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Elena Musso

Mailing Address 101 Chestnut St.

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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
03		31		2014

Transaction ID : SA11AI.5081

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Rosario Parlanti

Mailing Address 84 Atlas Ave

City

Malverne

State

NY

Zip Code

11565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parlanti and Cooper

Occupation

Attorney

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
03		18		2014

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Rosario Parlanti

Mailing Address 84 Atlas Ave

City

Malverne

State

NY

Zip Code

11565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parlanti and Cooper

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2014

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period

370.00

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

1120.00

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sixto Portilla

Mailing Address 1781 Cornelius Ave.

City

Wantagh

State

NY

Zip Code

11001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dowling College

Occupation

Professor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.5075

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

Jonathan Rodney

Mailing Address 7 Ethelridge Rd.

City

White Plains

State

NY

Zip Code

10605

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASML

Occupation

Engineer

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
03		14		2014

Transaction ID : SA11AI.5076

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Adam Sackowitz

Mailing Address 1136 Sheldon Drive

City

Westbury

State

NY

Zip Code

11590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Student

Occupation

Student

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

289.00

Date of Receipt

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

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period

125.00

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

660.00

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Gladys Santiago

Mailing Address 301 Garfield Ave

City

West Hempstead

State

NY

Zip Code

11552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

375.00

Date of Receipt

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

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Lori Shalev

Mailing Address 2239 Gables Ave.

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morgan Stanley

Occupation

Human Resources Administrator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		23		2014

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Lori Shalev

Mailing Address 2239 Gables Ave.

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morgan Stanley

Occupation

Human Resources Administrator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Eric Spinner

Mailing Address 36 Carole Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Dept of Education

Occupation
Educational Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

240.00

Date of Receipt

M M / D D / Y Y Y Y
02 23 2014

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Eric Spinner

Mailing Address 36 Carole Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Dept of Education

Occupation
Educational Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

340.00

Date of Receipt

M M / D D / Y Y Y Y
03 19 2014

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Eric Spinner

Mailing Address 36 Carole Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Dept of Education

Occupation
Educational Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1340.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1300.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Rosanne Spinner

A.

Mailing Address 36 Carole Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rosanne Spinner Holistic Healt

Occupation

Owner

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

814.00

Date of Receipt

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

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Rosanne Spinner

B.

Mailing Address 36 Carole Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rosanne Spinner Holistic Healt

Occupation

Owner

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1858.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period

1044.00

Full Name (Last, First, Middle Initial)

Rosanne Spinner

C.

Mailing Address 36 Carole Ave.

City

New Hyde Park

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rosanne Spinner Holistic Healt

Occupation

Owner

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3644.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

1786.00

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

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3080.00

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

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dina Stahl

Mailing Address 64 Jerome Ave.

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Office of Dr. Jeffrey Stahl

Occupation

Office Assistant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Dina Stahl

Mailing Address 64 Jerome Ave.

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Office of Dr. Jeffrey Stahl

Occupation

Office Assistant

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.4911

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Jeffrey Stahl

Mailing Address 1165 Northern Blvd.

City

Manhasset

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : SA11AI.4906

Amount of Each Receipt this Period

2600.00

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

7800.00

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

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

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jeffrey Stahl

A.

Mailing Address 1165 Northern Blvd.

City

Manhasset

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Richard Stehl

B.

Mailing Address 230 Park Ave

City

New York

State

NY

Zip Code

10169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Otterbourg P.C.

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
02		14		2014

Transaction ID : SA11AI.4793

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Jane Stewart

C.

Mailing Address 3818 West Dr.

City

Douglaston

State

NY

Zip Code

11363

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABC Inc.

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
03		27		2014

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period

250.00

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

3100.00

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
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Louise Strauss

Mailing Address 72 Whittier St.

City

Lynbrook

State

NY

Zip Code

11563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 15 / 2014

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Donald Textor

Mailing Address 381 Lattingtown Rd.

City

Locust Valley

State

NY

Zip Code

11560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Knott Partners

Occupation
Portfolio Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 24 / 2014

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Betsy Transom

Mailing Address 2486 Columbus Ave

City

Oceanside

State

NY

Zip Code

11572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.5091

Amount of Each Receipt this Period

500.00

1700.00

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

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
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michael Walsh

A.

Mailing Address 16 Laurel Street

City

Floral Park

State

NY

Zip Code

11001

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMBC

Occupation

Finance

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

Michael Walsh

B.

Mailing Address 16 Laurel Street

City

Floral Park

State

NY

Zip Code

11001

FEC ID number of contributing
federal political committee.

C

Name of Employer

SMBC

Occupation

Finance

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Michael Wasserman

C.

Mailing Address 11 East Hawthorne Ave

City

Valleystream

State

NY

Zip Code

11581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SA11AI.4824

Amount of Each Receipt this Period

100.00

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

310.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michael Wasserman

A.

Mailing Address 11 East Hawthorne Ave

City

Valleystream

State

NY

Zip Code

11581

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Stephen Weiss

B.

Mailing Address 740 E Broadway
Apt 3S

City

Long Beach

State

NY

Zip Code

11561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2014

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Stephen Weiss

C.

Mailing Address 740 E Broadway
Apt 3S

City

Long Beach

State

NY

Zip Code

11561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Stephen Weiss

A.

Mailing Address 740 E Broadway
Apt 3S

City	State	Zip Code
Long Beach	NY	11561

FEC ID number of contributing federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Robert York

B.

Mailing Address 225 Hewlett Avenue

City	State	Zip Code
Merrick	NY	11566

FEC ID number of contributing federal political committee.

C

Name of Employer
Kellenberg Memorial HS

Occupation
Educator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert York

C.

Mailing Address 225 Hewlett Avenue

City	State	Zip Code
Merrick	NY	11566

FEC ID number of contributing federal political committee.

C

Name of Employer
Kellenberg Memorial HS

Occupation
Educator

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
02		07		2014

Transaction ID : SA11AI.4780

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**

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert York

A.

Mailing Address 225 Hewlett Avenue

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kellenberg Memorial HS

Occupation

Educator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2014

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Robert York

B.

Mailing Address 225 Hewlett Avenue

City

Merrick

State

NY

Zip Code

11566

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kellenberg Memorial HS

Occupation

Educator

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2014

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

33190.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

A.

Mailing Address PO BOX 8105

City

GLENDAL

State

AZ

Zip Code

85312

FEC ID number of contributing
federal political committee.

C C00367110

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
03 14 2014

Transaction ID : SA11C.4955

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MADISON PAC FOR CONSITUTIONAL LIMITED GOVERNMENT

B.

Mailing Address PO BOX 1314

City

ANDERSON

State

IN

Zip Code

46015

FEC ID number of contributing
federal political committee.

C C00500173

Name of Employer

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
03 27 2014

Transaction ID : SA11C.5079

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

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

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

1500.00

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement
Debt Repayment: Credit Card Debt Repayment

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

152.66

Transaction ID : SB17.4732

B. American Express

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement
Debt Repayment: Credit Card Debt Repayment

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2014

Amount of Each Disbursement this Period

152.00

Transaction ID : SB17.4733

C. American Express

Mailing Address PO Box 1270

City	State	Zip Code
Newark	NJ	07101

Purpose of Disbursement
Debt Repayment: Credit Card Debt Repayment

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

147.00

Transaction ID : SB17.4734

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

451.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. American Express Merchant Account

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

Amount of Each Disbursement this Period

154.99

Transaction ID : SB17.4708

B. American Express Merchant Account

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2014

Amount of Each Disbursement this Period

33.00

Transaction ID : SB17.4721

C. American Express Merchant Account

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

Amount of Each Disbursement this Period

46.49

Transaction ID : SB17.4740

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

234.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Arent Fox LLP

Mailing Address 1717 K Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

4600.00

Transaction ID : SB17.4712

B. Authnet Gateway Billing

Mailing Address 808 East Utah Valley Drive

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2014

Amount of Each Disbursement this Period

48.30

Transaction ID : SB17.4706

C. Authnet Gateway Billing

Mailing Address 808 East Utah Valley Drive

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2014

Amount of Each Disbursement this Period

44.45

Transaction ID : SB17.4720

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

4692.75

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Authnet Gateway Billing

Mailing Address 808 East Utah Valley Drive

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

42.35

Transaction ID : SB17.4738

B. First Data

Mailing Address 23 Earl Drive

City	State	Zip Code
Merrick	NY	11566

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 06 / 2014

Amount of Each Disbursement this Period

314.56

Transaction ID : SB17.4707

C. First Data

Mailing Address 23 Earl Drive

City	State	Zip Code
Merrick	NY	11566

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 04 / 2014

Amount of Each Disbursement this Period

257.68

Transaction ID : SB17.4722

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

614.59

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 23 Earl Drive

Date of Disbursement

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

City	State	Zip Code
Merrick	NY	11566

Amount of Each Disbursement this Period

99.45

Purpose of Disbursement
Credit Card Processing FeesCategory/
Type

Transaction ID : SB17.4739

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Fusion Strategies

Mailing Address P.O. Box 32090

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

City	State	Zip Code
Raleigh	NC	27622

Amount of Each Disbursement this Period

11850.00

Purpose of Disbursement
Website and Digital ServicesCategory/
Type

Transaction ID : SB17.4714

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Judy Jozsef

Mailing Address 380 Forest Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

City	State	Zip Code
Woodmere	NY	11598

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
Office SuppliesCategory/
Type

Transaction ID : SB17.4727

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

12649.45

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Casey Lawson

Mailing Address 3313 Turtleback Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2014

City	State	Zip Code
Gainesville	GA	30506

Amount of Each Disbursement this Period

6000.00

Purpose of Disbursement
Payroll ExpenseCategory/
Type

Transaction ID : SB17.4713

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. MNA Productions Inc

Mailing Address 327 Central Park West

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2014

City	State	Zip Code
New York	NY	10025

Amount of Each Disbursement this Period

4500.00

Purpose of Disbursement
Rental Space and PerformanceCategory/
Type

Transaction ID : SB17.4729

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. New York Elks Lodge #1

Mailing Address 57 Hempstead Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2014

City	State	Zip Code
Lynbrook	NY	11563

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Space RentalCategory/
Type

Transaction ID : SB17.4725

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

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

10800.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Ohio Political

Mailing Address PO Box 21383

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

City	State	Zip Code
Columbus	OH	43221

Amount of Each Disbursement this Period

4670.58

Purpose of Disbursement
Phone Bank Service**Transaction ID : SB17.4717**

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trail South

Date of Disbursement

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

City	State	Zip Code
Rochester	NY	14625

Amount of Each Disbursement this Period

110.00

Purpose of Disbursement
Payroll Service**Transaction ID : SB17.4709**

Candidate Name

Category/
Type

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

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trail South

Date of Disbursement

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

City	State	Zip Code
Rochester	NY	14625

Amount of Each Disbursement this Period

69.95

Purpose of Disbursement
Payroll Service**Transaction ID : SB17.4723**

Candidate Name

Category/
Type

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

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

4850.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 911 Panorama Trail South

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

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

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.4741

B. PCS Signs

Mailing Address 2534 Commerce Rd

City	State	Zip Code
Cincinnati	OH	45241

Purpose of Disbursement
Campaign Materials (See Tran ID: SB17.4732)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

152.66

Transaction ID : SB17.4735

[MEMO ITEM]

c. PCS Signs

Mailing Address 2534 Commerce Rd

City	State	Zip Code
Cincinnati	OH	45241

Purpose of Disbursement
Campaign Materials (See Tran ID: SB17.4733)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2014

Amount of Each Disbursement this Period

152.00

Transaction ID : SB17.4736

[MEMO ITEM]

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

49.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PCS Signs

Mailing Address 2534 Commerce Rd

City	State	Zip Code
Cincinnati	OH	45241

Purpose of Disbursement
Campaign Materials (See Tran ID: SB17.4734)

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

147.00

Transaction ID : SB17.4737

[MEMO ITEM]**B. Daniel Pollack**

Mailing Address 380 Forest Ave

City	State	Zip Code
Woodmere	NY	11598

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 06 / 2014

Amount of Each Disbursement this Period

7746.84

Transaction ID : SB17.4719

c. Federalist Society

Mailing Address 1015 18th St. NW, Suite 425

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Membership 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
01 / 06 / 2014

Amount of Each Disbursement this Period

675.00

Transaction ID : SB17.4719.0

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

7746.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 7601 Penn Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
South Richfield	MN	55423

Amount of Each Disbursement this Period

1043.70

Purpose of Disbursement
Technology SuppliesCategory/
Type

Transaction ID : SB17.4719.2

[MEMO ITEM]

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2014

☒ Primary	☐ General
☐ Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Omni Shoreham

Mailing Address 2500 Calvert St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Washington	DC	20008

Amount of Each Disbursement this Period

289.02

Purpose of Disbursement
LodgingCategory/
Type

Transaction ID : SB17.4719.11

[MEMO ITEM]

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2014

☒ Primary	☐ General
☐ Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Imperial Liquor

Mailing Address 1050 17th St. NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Washington	DC	20036

Amount of Each Disbursement this Period

507.75

Purpose of Disbursement
Fundraiser DrinksCategory/
Type

Transaction ID : SB17.4719.15

[MEMO ITEM]

Candidate Name

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).....

0.00

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Window's Catering

Mailing Address 5724 General Washington Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Washington	DC	22312

Purpose of Disbursement
Fundraiser Catering

Amount of Each Disbursement this Period

439.79

Transaction ID : SB17.4719.18

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		☒ Primary ☐ General
		☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Exxon

Mailing Address 2916 Francis Lewis Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Flushing	NY	11358

Purpose of Disbursement
Fuel

Amount of Each Disbursement this Period

265.54

Transaction ID : SB17.4719.27

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		☒ Primary ☐ General
		☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. RMT Management

Mailing Address 4205 12th St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Long Island City	NY	11101

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

905.00

Transaction ID : SB17.4719.28

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		☒ Primary ☐ General
		☐ Other (specify)

State: District:

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

0.00

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. P Twelve

Mailing Address 12 Watkins St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Lybrook	NY	11563

Amount of Each Disbursement this Period

2490.00

Purpose of Disbursement
CateringCategory/
Type

Transaction ID : SB17.4719.33

[MEMO ITEM]

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2014

☒ Primary	☐ General
☐ Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Taxicab

Mailing Address Various Locations

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2014

City	State	Zip Code
Washington	DC	20001

Amount of Each Disbursement this Period

208.95

Purpose of Disbursement
Taxi ServicesCategory/
Type

Transaction ID : SB17.4719.37

[MEMO ITEM]

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2014

☒ Primary	☐ General
☐ Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Daniel Pollack

Mailing Address 380 Forest Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2014

City	State	Zip Code
Woodmere	NY	11598

Amount of Each Disbursement this Period

2486.59

Purpose of Disbursement
Expense ReimbursementCategory/
Type

Transaction ID : SB17.4742

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify)	

State:

District:

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

2486.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GoDaddy.com

Mailing Address 14455 N Hayden Rd. Ste. 226

City	State	Zip Code
Scottsdale	AZ	85260

Purpose of Disbursement
Domain 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
03		06		2014

Amount of Each Disbursement this Period

274.59

Transaction ID : SB17.4742.0

[MEMO ITEM]**B. Best Buy**

Mailing Address 7601 Penn Ave.

City	State	Zip Code
South Richfield	MN	55423

Purpose of Disbursement
Technology Supplies

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
03		06		2014

Amount of Each Disbursement this Period

114.46

Transaction ID : SB17.4742.1

[MEMO ITEM]**C. Meacham Deli**

Mailing Address 373 Meacham Ave.

City	State	Zip Code
Elmont	NY	11003

Purpose of Disbursement
Catering

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
03		06		2014

Amount of Each Disbursement this Period

228.39

Transaction ID : SB17.4742.4

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

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Daniel Pollack

Mailing Address 380 Forest Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2014

City	State	Zip Code
Woodmere	NY	11598

Amount of Each Disbursement this Period

2350.00

Purpose of Disbursement
Refund of ContributionCategory/
Type**Transaction ID : SB20A.4744**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

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

2350.00

2350.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4656

FRANK SCATURRO FOR CONGRESS

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

Frank Scaturro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

44 Carole Ave

City

State

ZIP Code

New Hyde Park

NY

11040

Original Amount of Loan

24000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

24000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2013

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00

% (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)..... ►

24000.00

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

PAGE 47 OF 54

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4657

FRANK SCATURRO FOR CONGRESS

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

Frank Scaturro

[PERSONAL FUNDS]

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 Carole Ave

City

State

ZIP Code

New Hyde Park

NY

11040

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2013

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00 % (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)..... ►

15000.00

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

PAGE 48 OF 54

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4142

FRANK SCATURRO FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

FRANK MR. SCATURRO

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 CAROLE AVE

City

State

ZIP Code

NEW HYDE PARK

NY

11040

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 04 / 2009

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00 % (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)..... ►

25000.00

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

PAGE 49 OF 54

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4143

FRANK SCATURRO FOR CONGRESS

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

[PERSONAL FUNDS]

FRANK MR. SCATURRO

Election: 2010

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 CAROLE AVE

City

State

ZIP Code

NEW HYDE PARK

NY

11040

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

37000.00

0.00

37000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
09 30 / 2009M M / D D / Y Y Y Y
On DemandM M / D D / Y Y Y Y
On DemandY Y Y Y Y Y Y Y
0.00

% (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)..... ▶

37000.00

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

PAGE 50 OF 54

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4145

FRANK SCATURRO FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

FRANK MR. SCATURRO

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 CAROLE AVE

City

State

ZIP Code

NEW HYDE PARK

NY

11040

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M M / D D / Y Y
06 / 28 / 2010

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (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)..... ►

150000.00

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

PAGE 51 OF 54

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4149

FRANK SCATURRO FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2010

FRANK MR. SCATURRO

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 CAROLE AVE

City

State

ZIP Code

NEW HYDE PARK

NY

11040

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y
10 / 28 / 2010

Date Due

M M / D D / Y Y
On Demand

Interest Rate

0.00

% (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)..... ►

10000.00

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 52 OF 54

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/10.4153

FRANK SCATURRO FOR CONGRESS

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

[PERSONAL FUNDS]

FRANK MR. SCATURRO

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 CAROLE AVE

City

State

ZIP Code

NEW HYDE PARK

NY

11040

Original Amount of Loan

13000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

13000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 03 / 2011

Date Due

M M / D D / Y Y Y Y
On Demand

Interest Rate

0.00

% (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)..... ►

13000.00

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 53 OF 54

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/10.4102

FRANK SCATURRO FOR CONGRESS

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

[PERSONAL FUNDS]

Election: 2014

FRANK MR. SCATURRO

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
44 CAROLE AVE

City

State

ZIP Code

NEW HYDE PARK

NY

11040

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 13 / 2013

Date Due

M M / D D / Y Y Y Y

On Demand

Interest Rate

0.00

% (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)..... ►

1000.00

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

275000.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 OF 54

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FRANK SCATURRO FOR CONGRESS

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

American Express

Nature of Debt (Purpose):

Credit Card Purchases

Mailing Address PO Box 1270

City State

Zip Code

Newark

NJ

07101

Outstanding Balance Beginning This Period

6837.30

Transaction ID : SD10.4158

Amount Incurred This Period

0.00

Payment This Period

451.66

Outstanding Balance at Close of This Period

6385.64

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

American Express

Nature of Debt (Purpose):

Credit Card Purchases

Mailing Address PO Box 1270

City State

Zip Code

Newark

NJ

07101

Outstanding Balance Beginning This Period

1793.16

Transaction ID : SD10.4160

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1793.16

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

8178.80

2) **TOTALS** This Period (last page this line number only) ▶

8178.80

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

275000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

283178.80