

# 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

MARK ASSINI FOR CONGRESS

ADDRESS (number and street) 3363 BUFFALO ROAD

Check if different than previously reported. (ACC)

ROCHESTER

NY

14624

2. **FEC IDENTIFICATION NUMBER**

C C00555219

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NY

25

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 Mrs. Mary Ann Clarno

Signature of Treasurer Mrs. Mary Ann Clarno

[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

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**MARK ASSINI FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32703.28	32703.28
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32703.28	32703.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2783.84	2783.84
(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)).....	2783.84	2783.84
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29919.44	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	998.39	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MARK ASSINI FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28641.47	28641.47
(ii) Unitemized.....	4053.81	4053.81
(iii) TOTAL of contributions from individuals ▶	32695.28	32695.28
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	8.00	8.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32703.28	32703.28
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	32703.28	32703.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2783.84	2783.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2783.84	2783.84

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32703.28
25. SUBTOTAL (add Line 23 and Line 24).....	32703.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2783.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	29919.44

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Frank Allofer</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014	
Mailing Address 2758 Lyell Road		<b>Transaction ID : SA11AI.4178</b>	
City Rochester	State NY	Zip Code 14606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Town of Gates	Occupation Councilman		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. Nick Assini</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 3363 Buffalo Road		<b>Transaction ID : SA11AI.4252</b>	
City Rochester	State NY	Zip Code 14624	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Leverpoint Management LLC	Occupation CPA		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. Big Pat's Carpet Cleaning, LLC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 132 Rahway Road		<b>Transaction ID : SA11AI.4186</b>	
City Rochester	State NY	Zip Code 14606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2940.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Victoria Briggs**

Mailing Address 205 Browncroft Blvd

City Rochester State NY Zip Code 14609

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

Name of Employer Unity Health Occupation Nurse Practitioner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4257**

Amount of Each Receipt this Period  
**100.00**

Individual Donation

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

Mailing Address 80 Brooklea Drive

City Rochester State NY Zip Code 14624

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

Name of Employer Town of Gates Occupation Parks Supervisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 19 / 2014**

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
**1000.00**

Individual Donation

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

Mailing Address 80 Brooklea Drive

City Rochester State NY Zip Code 14624

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

Name of Employer Town of Gates Occupation Parks Supervisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1331.47**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 27 / 2014**

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
**331.47**

In-kind - T-Shirts from Big City

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

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

**1431.47**

**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 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MARK ASSINI FOR CONGRESS**

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

Mailing Address 80 Brooklea Drive

City Rochester State NY Zip Code 14624

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

Name of Employer Town of Gates Occupation Parks Supervisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1421.47**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.4173**

Amount of Each Receipt this Period  
**90.00**  
 In-kind - Facility Rental for Fundraiser 2014Mar27

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

Mailing Address 17895 Cliffside Drive

City Strongsville State OH Zip Code 44136

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

Name of Employer Drifting Spirit Songs LLC Occupation Songwriter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 09 / 2014**

**Transaction ID : SA11AI.4231**

Amount of Each Receipt this Period  
**250.00**  
 Individual Donation

**C.** Full Name (Last, First, Middle Initial)  
**John Chaffee**

Mailing Address 17895 Cliffside Drive

City Strongsville State OH Zip Code 44136

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

Name of Employer Drifting Spirit Songs LLC Occupation Songwriter

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.4233**

Amount of Each Receipt this Period  
**250.00**  
 Individual Donation

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

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

**590.00**

**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 19
	<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)  
**MARK ASSINI FOR CONGRESS**

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

Mailing Address 23 Donna Marie Circle

City Rochester State NY Zip Code 14606

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 Y Y  
 01 / 23 / 2014

**Transaction ID : SA11AI.4227**

Amount of Each Receipt this Period  
250.00

Individual Donation

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Mary Ann Clarno**

Mailing Address 3363 Buffalo Road

City Rochester State NY Zip Code 14624

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

Name of Employer Xerox Corporation Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2014

**Transaction ID : SA11AI.4330**

Amount of Each Receipt this Period  
601.41

In-kind - Signs - to be reimbursed

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Mary Ann Clarno**

Mailing Address 3363 Buffalo Road

City Rochester State NY Zip Code 14624

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

Name of Employer Xerox Corporation Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
350.00

Web Hosting - to be reimbursed

**[MEMO ITEM]**

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Mary Ann Clarno**

Mailing Address 3363 Buffalo Road

City Rochester State NY Zip Code 14624

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

Name of Employer Xerox Corporation Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 28 / 2014**

**Transaction ID : SA11AI.4329**

Amount of Each Receipt this Period  
**46.98**

Genesee Stamp - Name Tags - to be reimbursed  
**[MEMO ITEM]**

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

Mailing Address 125 Fisher Road

City Rochester State NY Zip Code 14624

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

Name of Employer St. John Fisher College Occupation College Security

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 / 16 / 2014**

**Transaction ID : SA11AI.4272**

Amount of Each Receipt this Period  
**1000.00**

Individual Donation

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

Mailing Address 125 Fisher Road

City Rochester State NY Zip Code 14624

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

Name of Employer St. John Fisher College Occupation College Security

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 17 / 2014**

**Transaction ID : SA11AI.4283**

Amount of Each Receipt this Period  
**100.00**

Fundraiser - 2014Mar27

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

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

**1100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

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

Mailing Address 6 Tibbles Lane

City Rochester State NY Zip Code 14624

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

Name of Employer Shariro, DiCaro & Barak, LLC Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.4196**

Amount of Each Receipt this Period  
 2600.00

Individual Donation

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

Mailing Address 301 Exchange Blvd

City Rochester State NY Zip Code 14608

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

Name of Employer Mark IV Construction Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period  
 500.00

Individual Donation

**C.** Full Name (Last, First, Middle Initial)  
**Fundraiser Event - 2014Mar27**

Mailing Address 1489 Howard Road

City Rochester State NY Zip Code 14624

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.4324**

Amount of Each Receipt this Period  
 2680.00

Fundraiser - 2014Mar27 - All Anonymous contributions under \$50.00

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

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

5780.00

**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 19  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Russell & Brenda Herman**

Mailing Address 80 Spencer Road

City State Zip Code  
Hilton NY 14468

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

Name of Employer Occupation  
PetSaver Healthy Pet Superstor CEO/Owner

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.4236**

Amount of Each Receipt this Period  
500.00

Individual Donation

**B.** Full Name (Last, First, Middle Initial)  
**Bernard Iacovangelo**

Mailing Address 20 Autumn Wood

City State Zip Code  
Rochester NY 14624

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

Name of Employer Occupation  
Faber Homes Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.4180**

Amount of Each Receipt this Period  
2500.00

Individual Donation

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

Mailing Address 2280 Lyell Avenue

City State Zip Code  
Rochester NY 14606

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

Name of Employer Occupation  
Martusciello Bread Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.4102**

Amount of Each Receipt this Period  
400.00

In-kind - Cookies

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

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

3400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Morgan**

Mailing Address 5 Van Voorhis Road

City State Zip Code  
Pittsford NY 14534

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

Name of Employer Occupation  
Morgan Management Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 25 / 2014

**Transaction ID : SA11AI.4229**

Amount of Each Receipt this Period  
2000.00

Individual Donation

**B.** Full Name (Last, First, Middle Initial)  
**Kimberly Olek**

Mailing Address 267 Beach Avenue

City State Zip Code  
Rochester NY 14612

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

Name of Employer Occupation  
First Niagara Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2014

**Transaction ID : SA11AI.4278**

Amount of Each Receipt this Period  
500.00

Individual Donation

**C.** Full Name (Last, First, Middle Initial)  
**Carl Paladino**

Mailing Address 295 Main Street  
Suite 210

City State Zip Code  
Buffalo NY 14203

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

Name of Employer Occupation  
Self-Employed 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  
03 / 24 / 2014

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
2600.00

Individual Donation

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

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

5100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Passero Associates**

Mailing Address 100 Liberty Pole Way

City Rochester State NY Zip Code 14604

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.4205**

Amount of Each Receipt this Period  
 250.00

Donation

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

Mailing Address PO Box 493

City Brockport State NY Zip Code 14420

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

Name of Employer Occupation  
 Town of Gates Police Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : SA11AI.4192**

Amount of Each Receipt this Period  
 250.00

Individual Donation

**C.** Full Name (Last, First, Middle Initial)  
**Platinum Property Management, LLC**

Mailing Address P.O. Box Box 26350

City Rochester State NY Zip Code 14626

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period  
 2000.00

Donation

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

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

2500.00

**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 14 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

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

Mailing Address 24 Waterbury Lane

City Rochester State NY Zip Code 14625

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

Name of Employer Mark Iv Construction Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4225**

Amount of Each Receipt this Period  
 500.00

Individual Donation

**B.** Full Name (Last, First, Middle Initial)  
**Geoffrey Rosenberger**

Mailing Address 7 Lily Pond Lane

City Pittsford State NY Zip Code 14534

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

Name of Employer Trillium Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : SA11AI.4211**

Amount of Each Receipt this Period  
 2600.00

Individual Donation

**C.** Full Name (Last, First, Middle Initial)  
**Travel Connections II**

Mailing Address 1726 Long Pond Road

City Rochester State NY Zip Code 14606

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
 250.00

Donation

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<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)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Tucciarello**

Mailing Address 18 Horatio Lane

City Rochester State NY Zip Code 14624

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

Name of Employer Colony Dry Cleaner Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 14 / 2014

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
 1500.00

Individual Donation

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

Mailing Address 190 Ogden Center Road

City Spencerport State NY Zip Code 14559

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

Name of Employer Town of Gates Occupation Police Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : SA11AI.4209**

Amount of Each Receipt this Period  
 500.00

Individual Donation

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

Mailing Address 190 Ogden Center Road

City Spencerport State NY Zip Code 14559

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

Name of Employer Town of Gates Occupation Police Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11AI.4284**

Amount of Each Receipt this Period  
 200.00

Fundraiser - 2014Mar27

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

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

2200.00

28641.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MARK ASSINI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MARK W ASSINI**

Mailing Address 3363 BUFFALO ROAD

City ROCHESTER State NY Zip Code 14624

FEC ID number of contributing federal political committee. **C H4NY29098**

Name of Employer Town of Gates Occupation Town Supervisor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **8.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11D.4160**

Amount of Each Receipt this Period  
 8.00

Donation when testing PayPay

**B.** 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

**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).....

8.00

8.00

**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 17 OF 19			
	<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)  
**MARK ASSINI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. James Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 80 Brooklea Drive		Amount of Each Disbursement this Period 331.47 <b>Transaction ID : SB17.4168</b>
City Rochester	State NY Zip Code 14624	
Purpose of Disbursement In-kind - T-Shirts from Big City		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. James Campbell</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2014
Mailing Address 80 Brooklea Drive		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : SB17.4174</b>
City Rochester	State NY Zip Code 14624	
Purpose of Disbursement In-kind - Facility Rental for Fundraiser 2014Mar27		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Giuseppe's Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 40 Spencerport Road		Amount of Each Disbursement this Period 1448.28 <b>Transaction ID : SB17.4141</b>
City Rochester	State NY Zip Code 14606	
Purpose of Disbursement Catering - Fundraiser on 2014Mar27		Category/ Type
Candidate Name <b>MARK ASSINI FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 25		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1869.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 19			
	<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)  
**MARK ASSINI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Frank Martusciello</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 2280 Lyell Avenue		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4104</b>
City Rochester	State NY Zip Code 14606	
Purpose of Disbursement In-kind - Cookies		Category/ Type
Candidate Name <b>MARK ASSINI FOR CONGRESS</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 25		

Full Name (Last, First, Middle Initial) <b>B.</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		Category/ Type
Candidate Name		
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) <b>C.</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		Category/ Type
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	2269.75

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**MARK ASSINI FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mrs. Mary Ann Clarno</b>		Nature of Debt (Purpose): In Kind - Signs - to be reimbursed
Mailing Address 3363 Buffalo Road		
City	State	Zip Code
Rochester	NY	14624

Outstanding Balance Beginning This Period	Transaction ID : SD10.4331	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="601.41"/>	<input type="text" value="0.00"/>	<input type="text" value="601.41"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mrs. Mary Ann Clarno</b>		Nature of Debt (Purpose): Web Hosting
Mailing Address 3363 Buffalo Road		
City	State	Zip Code
Rochester	NY	14624

Outstanding Balance Beginning This Period	Transaction ID : SD10.4111	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="350.00"/>	<input type="text" value="0.00"/>	<input type="text" value="350.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mrs. Mary Ann Clarno</b>		Nature of Debt (Purpose): Genesee Stamp (Name Tags) - to be reimbursed
Mailing Address 3363 Buffalo Road		
City	State	Zip Code
Rochester	NY	14624

Outstanding Balance Beginning This Period	Transaction ID : SD10.4135	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="46.98"/>	<input type="text" value="0.00"/>	<input type="text" value="46.98"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="998.39"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="998.39"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="998.39"/>