

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
SALADINO FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9519.18	9519.18
(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)).....	9519.18	9519.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15652.03	15652.03
(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)).....	15652.03	15652.03
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16877.15	
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).....	24160.30	

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 05/2016)

Write or Type Committee Name

SALADINO FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4701.00	4701.00
(ii) Unitemized.....	4818.18	4818.18
(iii) TOTAL of contributions from individuals ▶	9519.18	9519.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9519.18	9519.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	23010.00	23010.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	23010.00	23010.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32529.18	32529.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15652.03	15652.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15652.03	15652.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32529.18
25. SUBTOTAL (add Line 23 and Line 24).....	32529.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15652.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16877.15

**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

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)
SALADINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
154 Mansion Realty

Mailing Address 154 Mansion Avenue

City Staten Island	State NY	Zip Code 10308
-----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2019

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Corgliano, Joyce, , ,

Mailing Address 48 Carol Court

City Staten Island	State NY	Zip Code 10309
-----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2019

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 48 Carol Court

City Staten Island	State NY	Zip Code 10309
-----------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2019

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 3000.00
TOTAL This Period (last page this line number only)..... ▶	_____

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.4242

Check refunded outside the reporting period. Sam Corgliano, the donor, sent a personal check in its place, which is included in this report.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SALADINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Goodman, Gila, , ,

Mailing Address 32305 Bandelier rd

City Winchester State CA Zip Code 92596

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

Name of Employer Gila Goodman Occupation Student

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2019

Transaction ID : SA11AI.4783

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Maalouf, Adisson, , ,

Mailing Address 7320 CRAIGLEITH DRIVE

City DULUTH State GA Zip Code 30097

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

Name of Employer me Occupation entertainer

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1020.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 16 / 2019

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 224 Shotwell Ave.

City Staten Island State NY Zip Code 10312

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

Name of Employer Marina Cafe Occupation Partner

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2019

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

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

1700.00

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

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NAME OF COMMITTEE (In Full)
SALADINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SALADINO, JOSEPH PETER, , ,

Mailing Address PO BOX 50026

City STATEN ISLAND	State NY	Zip Code 10305
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FEC ID number of contributing federal political committee. **C** HONY11086

Name of Employer Self Employed	Occupation Candidate for Congress
-----------------------------------	--------------------------------------

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23011.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2019

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
1.00

Memo Item
CONTRIBUTION

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1.00
TOTAL This Period (last page this line number only).....▶	4701.00

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

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

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SALADINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SALADINO, JOSEPH PETER, , ,

Mailing Address PO BOX 50026

City: STATEN ISLAND State: NY Zip Code: 10305

FEC ID number of contributing federal political committee: **C HONY11086**

Name of Employer: Self Employed Occupation: Candidate for Congress

Receipt For: 2020
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 23010.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2019

Transaction ID : SA13A.4936

Amount of Each Receipt this Period
 23010.00

Memo Item
Candidate Loan

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	23010.00
TOTAL This Period (last page this line number only).....▶	23010.00

**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 10 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 111 Eighth Ave. Parking LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2019	
Mailing Address 111 Eighth Avenue			FEC Identification Number C	
City New York	State NY	Zip Code 10011	Amount of Each Disbursement this Period 66.00	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : SB17.4927	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. 325 Fifth Ave Car Park, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2019	
Mailing Address 4 East 33rd Street			FEC Identification Number C	
City New York	State NY	Zip Code 10016	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : SB17.4915	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Anedot			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2019	
Mailing Address 1920 McKinney Avenue 7th Floor			FEC Identification Number C	
City Dallas	State TX	Zip Code 75201	Amount of Each Disbursement this Period 76.48	
Purpose of Disbursement PAYMENT PROCESSING		Category/ Type	Transaction ID : SB17.4145	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	76.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anedot			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2019	
Mailing Address 1920 McKinney Avenue 7th Floor			FEC Identification Number C	
City Dallas	State TX	Zip Code 75201	Amount of Each Disbursement this Period 14.41	
Purpose of Disbursement PAYMENT PROCESSING		Category/ Type	Transaction ID : SB17.4146	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Archie Jacobson			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2019	
Mailing Address 2655 Richmond Avenue			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10314	Amount of Each Disbursement this Period 781.06	
Purpose of Disbursement Clothing		Category/ Type	Transaction ID : SB17.4933	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Archie Jacobson			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2019	
Mailing Address 2655 Richmond Avenue			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10314	Amount of Each Disbursement this Period 35.00	
Purpose of Disbursement Clothing		Category/ Type	Transaction ID : SB17.4931	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	14.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citgo		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2019
Mailing Address 5931 Amboy Road		FEC Identification Number C
City Staten Island	State NY	Zip Code 10309
Purpose of Disbursement Gas	Candidate Name	Amount of Each Disbursement this Period 47.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4924 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Citgo		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2019
Mailing Address 5931 Amboy Road		FEC Identification Number C
City Staten Island	State NY	Zip Code 10309
Purpose of Disbursement Gas	Candidate Name	Amount of Each Disbursement this Period 49.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4926 <input checked="" type="checkbox"/> Memo Item
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) c. Kapulsky, Jack, , ,		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2019
Mailing Address 51 White Mountain Lane		FEC Identification Number C
City Freehold	State NJ	Zip Code 07728
Purpose of Disbursement PHOTOGRAPHY	Candidate Name	Amount of Each Disbursement this Period 400.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4124 <input type="checkbox"/> Memo Item
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Korzeniewski, Adam, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2019	
Mailing Address PO Box 50026			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10305	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement GENERAL CAMPAIGN CONSULTING		Category/ Type	Transaction ID : SB17.4101	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Korzeniewski, Adam, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2019	
Mailing Address PO Box 50026			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10305	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement GENERAL CAMPAIGN CONSULTING		Category/ Type	Transaction ID : SB17.4110	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Laz Parking			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2019	
Mailing Address 56-80 Greenwich Street			FEC Identification Number C	
City New York	State NY	Zip Code 10006	Amount of Each Disbursement this Period 32.00	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : SB17.4922	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Log Cabin Republicans			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2019	
Mailing Address Radio City Station PO Box 2561			FEC Identification Number C	
City New York	State NY	Zip Code 10163	Amount of Each Disbursement this Period 205.74	
Purpose of Disbursement ADMISSION FEE		Category/ Type	Transaction ID : SB17.4126	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. New York City DOT			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2019	
Mailing Address 55 Water Street			FEC Identification Number C	
City New York	State NY	Zip Code 10041	Amount of Each Disbursement this Period 14.00	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : SB17.4917	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Posobiec, Jack, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2019	
Mailing Address 619 Brenda Lane			FEC Identification Number C	
City Norristown	State PA	Zip Code 19403	Amount of Each Disbursement this Period 206.10	
Purpose of Disbursement ADVERTISING - SOCIAL MEDIA		Category/ Type	Transaction ID : SB17.4116	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	411.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Reliant Parking LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2019	
Mailing Address 225 West 83rd Street			FEC Identification Number C	
City New York	State NY	Zip Code 10024	Amount of Each Disbursement this Period 47.00	
Purpose of Disbursement Parking		Category/ Type	Transaction ID : SB17.4929	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Sheikh, Hassan, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2019	
Mailing Address PO Box 50026			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10305	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.4105	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Sheikh, Hassan, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2019	
Mailing Address PO Box 50026			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10305	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.4106	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sheikh, Hassan, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2019	
Mailing Address PO Box 50026			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10305	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.4111	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. The Roger Stone Legal Defense Fund			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2019	
Mailing Address 610 South Boulevard			FEC Identification Number C	
City Tampa	State FL	Zip Code 33606	Amount of Each Disbursement this Period 450.00	
Purpose of Disbursement ADMISSION FEE		Category/ Type	Transaction ID : SB17.4114	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2019	
Mailing Address 567 Tompkins Avenue			FEC Identification Number C	
City Staten Island	State NY	Zip Code 10305	Amount of Each Disbursement this Period 59.00	
Purpose of Disbursement PO Box 52006		Category/ Type	Transaction ID : SB17.4912	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 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)
SALADINO FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wax, Gavin, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2019	
Mailing Address 415 East 73rd Street			FEC Identification Number C	
City New York	State NY	Zip Code 10021	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement WEBSITE SERVICES		Category/ Type	Transaction ID : SB17.4103	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Wax, Gavin, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2019	
Mailing Address 415 East 73rd Street			FEC Identification Number C	
City New York	State NY	Zip Code 10021	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DESIGN CONSULTING		Category/ Type	Transaction ID : SB17.4109	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Wax, Gavin, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2019	
Mailing Address 415 East 73rd Street			FEC Identification Number C	
City New York	State NY	Zip Code 10021	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement DESIGN CONSULTING		Category/ Type	Transaction ID : SB17.4112	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	14952.73

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **SALADINO FOR CONGRESS** Transaction ID : **SC/10.4936**

LOAN SOURCE Full Name (Last, First, Middle Initial) SALADINO, JOSEPH PETER, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 50026			
City STATEN ISLAND	State NY	ZIP Code 10305	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 23010.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 23010.00
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TERMS	Date Incurred M 04 / D 17 / Y 2019	Date Due M M / D D / On Demand	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	23010.00
TOTALS This Period (last page in this line only).....▶	23010.00

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

NAME OF COMMITTEE (In Full)
SALADINO FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BURRA, VISWANAG, G, ,			Nature of Debt (Purpose): PO Box 50026
Mailing Address PO BOX 50026			
City Staten Island	State NY	Zip Code 10305	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4914	
Amount Incurred This Period 59.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 59.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SALADINO, JOSEPH PETER, , ,			Nature of Debt (Purpose): Parking, Gas and Clothing - See Memo Items
Mailing Address PO BOX 50026			
City STATEN ISLAND	State NY	Zip Code 10305	

Outstanding Balance Beginning This Period 0.00		Transaction ID : SD10.4935	
Amount Incurred This Period 1091.30	Payment This Period 0.00	Outstanding Balance at Close of This Period 1091.30	

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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	▶	1150.30
2) TOTALS This Period (last page this line number only)	▶	1150.30
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	23010.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	24160.30