

# 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

Zeldin For Congress

ADDRESS (number and street)

47 Flintlock Drive

Check if different than previously reported. (ACC)

Shirley

NY

11967

2. FEC IDENTIFICATION NUMBER ▼

C C00552547

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NY

01

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 Nancy Marks

Signature of Treasurer Nancy Marks

[Electronically Filed]

Date

/  /

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

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Zeldin 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))....	159138.70	1798065.61
(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)).....	159138.70	1798065.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	424650.66	1731858.74
(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)).....	424650.66	1731858.74
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42688.37	
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).....	92576.83	

**For further information contact:**

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

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

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

Form/Schedule: F3A  
Transaction ID :

Please note that I have refunded Eric Ulrich 400.00 on 2-5-2015, check #1541 towards an over contribution made on 10/29/14. Thank you

Form/Schedule:  
Transaction ID:

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

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

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

Write or Type Committee Name

Zeldin For Congress

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="87181.00"/>	<input type="text" value="1291081.36"/>	<input type="text" value="500.00"/>
(ii) Unitemized		
<input type="text" value="16453.64"/>	<input type="text" value="151649.60"/>	<input type="text" value="516.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="103634.64"/>	<input type="text" value="1442730.96"/>	<input type="text" value="1016.00"/>
(b) Political Party Committees		
<input type="text" value="995.00"/>	<input type="text" value="35151.80"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="54509.06"/>	<input type="text" value="320182.85"/>	<input type="text" value="2500.00"/>

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 125

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
159138.70	1798065.61	3516.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
159138.70	1798065.61	3516.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Zeldin For Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="424650.66"/>	<input type="text" value="1731858.74"/>	<input type="text" value="27034.50"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 125

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

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

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

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

**21. OTHER DISBURSEMENTS**

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

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

424650.66	1731858.74	27034.50
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

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

159138.70	1798065.61	3516.00
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**IV. NET OPERATING EXPENDITURES**

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

424650.66	1731858.74	27034.50
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	308200.33
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	159138.70
25. SUBTOTAL (add Line 23 and Line 24).....	467339.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	424650.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	42688.37

**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 125
	<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	

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)  
**Zeldin For Congress**

**A. Miriam Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 South Rampart Blvd Ste 440

City Las Vegas	State NY	Zip Code 89145
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miriam Adelson M.D.	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  
10 / 30 / 2014

**Transaction ID : SA11AI.14108**

Amount of Each Receipt this Period  
2600.00

**B. Sheldon Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 South Rampart Blvd Ste 440

City Las Vegas	State NV	Zip Code 89145
-------------------	-------------	-------------------

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

Name of Employer Las Vegas Sands	Occupation Owner
-------------------------------------	---------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.14489**

Amount of Each Receipt this Period  
2600.00

**C. Shelley Adelson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20 Sankaty Circle

City Henderson	State NV	Zip Code 89052
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FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter
--	--

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14491**

Amount of Each Receipt this Period  
2600.00

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

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

7800.00



**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 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Heath Adler**

Mailing Address 185 Avalon Circle

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Occupation  
PSNY Sr Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

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

**Transaction ID : SA11AI.14370**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Thruchr Arcmusm**

Mailing Address 203 Fairfield Dr East

City State Zip Code  
Holbrook NY 11741

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

Name of Employer Occupation  
Long Island Group Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14078**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Atlantic Hyundai LLC**

Mailing Address 193-205 Sunrise Highway

City State Zip Code  
West Islip NY 11795

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

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  
10 / 30 / 2014

**Transaction ID : SA11AI.14908**

Amount of Each Receipt this Period  
500.00

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

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jacquelyn Bruscia**

Mailing Address 110 Cooper Street

City: Babylon State: NY Zip Code: 11702

FEC ID number of contributing federal political committee: C

Name of Employer: Atlantic Auto Mall Occupation: Comptroller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 10 / 30 / 2014

**Transaction ID : SA11AI.14908.0**

Amount of Each Receipt this Period: 500.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Auto Mall Nissan LLC**

Mailing Address 193-205 Sunrise Highway

City: West Islip State: NY Zip Code: 11795

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 31 / 2014

**Transaction ID : SA11AI.14116**

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jacquelyn Bruscia**

Mailing Address 110 Cooper Street

City: Babylon State: NY Zip Code: 11702

FEC ID number of contributing federal political committee: C

Name of Employer: Atlantic Auto Mall Occupation: Comptroller

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 10 / 31 / 2014

**Transaction ID : SA11AI.14116.0**

Amount of Each Receipt this Period: 1000.00

**[MEMO ITEM]**

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Baiting Hollow Advisors LLC**

Mailing Address 8 N Woods Rd

City Calverton State NY Zip Code 11933

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14912**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William Borjes**

Mailing Address 8 N Woods Rd

City Calverton State NY Zip Code 11933

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

Name of Employer Occupation  
Baiting Hollow Advisors LLC Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14912.0**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Balistreri**

Mailing Address P.O. Box 205

City Medford State NY Zip Code 11763

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

Name of Employer Occupation  
Suffolk Cty Sheriff's Office Deputy Sheriff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
636.00

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

**Transaction ID : SA11AI.15078**

Amount of Each Receipt this Period  
50.00

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

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

300.00

**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 125
	<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)  
**Zeldin For Congress**

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

Mailing Address 19 Linda St

City Port Jefferson Station State NY Zip Code 11776

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

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

**Transaction ID : SA11AI.14328**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher Beattie**

Mailing Address 74 Leonard Street

City Wading Rlver State NY Zip Code 11792

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter  
Tekmark Computer Programmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

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

**Transaction ID : SA11AI.14460**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Becker**

Mailing Address 15 Swan River St.

City Patchogue State NY Zip Code 11772

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter  
Marposs Corp. Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
201.00

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

**Transaction ID : SA11AI.14210**

Amount of Each Receipt this Period  
50.00

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

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

550.00

**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 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bonnie Bellafiore**

Mailing Address 17-20 Whitestone Expwy Ste 403

City Whitestone State NY Zip Code 11357

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

Name of Employer Requested Info---Letter Sent Occupation Requested Info---Letter Sent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.14076**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Biderman**

Mailing Address 47 E.88th St

City New York State NY Zip Code 10128

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

Name of Employer Biderman Associates Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.12994**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 17 Pondview

City St James State NY Zip Code 11780

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

Name of Employer Suffolk Anesthesiology Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.14360**

Amount of Each Receipt this Period  
 250.00

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Bongiorno**

Mailing Address 222 Mansion Ave

City Staten Island State NY Zip Code 10308

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

Name of Employer Great Kills Harbor Occupation Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.14255**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jan Burman**

Mailing Address 297 Mill Hill Rd

City Mill Neck State NY Zip Code 11765

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

Name of Employer The Engel Burman Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.13286**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Renee Burman**

Mailing Address 297 Mill Hill Rd

City Mill Neck State NY Zip Code 11765

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

Name of Employer The Engel Burman Group Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.13284**

Amount of Each Receipt this Period  
 2600.00

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

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

5700.00

**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 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Burman**

Mailing Address 67 Clinton Road

City State Zip Code  
Garden City NY 11530

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

Name of Employer Occupation  
Engel Burman Group Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 07 / 2014

**Transaction ID : SA11AI.14377**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 43 Wolf Hollow Rd

City State Zip Code  
Centereach NY 11720

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

Name of Employer Occupation  
Campolo, Middleton & McCormick Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1950.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.13094**

Amount of Each Receipt this Period  
1950.00

**C.** Full Name (Last, First, Middle Initial)  
**Gasper Celauro**

Mailing Address 66 Medford Ave.

City State Zip Code  
Patchogue NY 11772

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

Name of Employer Occupation  
Bellgrade Realty, Inc. Commercial Real Estate Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

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

**Transaction ID : SA11AI.14438**

Amount of Each Receipt this Period  
250.00

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

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

2700.00

**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 16 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lawrence Cervellino</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 10 Burham Ct		<b>Transaction ID : SA11AI.14282</b>
City State Zip Code Smithtown NY 11787	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Retired Retired	Amount of Each Receipt this Period _____ 1850.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1850.00	

Full Name (Last, First, Middle Initial) <b>B. Sanjiv Chand</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 65 Hamilton Dr		<b>Transaction ID : SA11AI.14465</b>
City State Zip Code Roslyn NY 11576	Amount of Each Receipt this Period _____ 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Requested Info---Sent Letter Requested Info---Sent Letter	Amount of Each Receipt this Period _____ 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Rita Clous</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 4 Hylser Ct		<b>Transaction ID : SA11AI.14412</b>
City State Zip Code Coram NY 11727	Amount of Each Receipt this Period _____ 100.00	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Douglas Elliman Real Estate Realtor	Amount of Each Receipt this Period _____ 520.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1100.00
<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: PAGE 17 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kenneth Coder**

Mailing Address 6 North Wisconsin Ave

City State Zip Code  
Massapequa NY 11758

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

Name of Employer Occupation  
Info letter sent-Requested Info letter sent-Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14442**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10405 Sandringham Ct

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Federal Health Counsel 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  
 10 31 2014

**Transaction ID : SA11AI.14315**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Seth Cohen**

Mailing Address 11 Canterbury Ct

City State Zip Code  
Upper Saddle River NJ 07458

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

Name of Employer Occupation  
Eleven Canterbury LLC Managing Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14136**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 18 OF 125

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Colucci**

Mailing Address 7 Bradley Ln.

City East Moriches State NY Zip Code 11940

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

Name of Employer Requested Info (Sent letter) Occupation Requested Information

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 450.00

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

**Transaction ID : SA11AI.14468**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Louis Corso**

Mailing Address 13451 Oregon Rd

City Cutchogue State NY Zip Code 11935

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

Name of Employer Requested Info Occupation Requested Information  
 Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2000.00

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

**Transaction ID : SA11AI.13844**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Eileen Cortese**

Mailing Address 3049 Wilson Ave

City Wantagh State NY Zip Code 11793

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

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 550.00

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

**Transaction ID : SA11AI.14448**

Amount of Each Receipt this Period  
 250.00

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

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

2350.00

**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 19 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Douglas Corwin**

Mailing Address P.O. Box 500

City Aquebogue State NY Zip Code 11931

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

Name of Employer Crescent Duck Farm Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.14205**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Courthouse Corporate Center LLC**

Mailing Address 377 Oak St Ste 110

City Garden City State NY Zip Code 11530

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14088**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Eric Ulrich**

Mailing Address 64-82 83rd St

City Middle Village State NY Zip Code 11379

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

Name of Employer New York City Occupation Councilman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : SA11AI.14088.0**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Denis Cronin</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 1295 Northern Blvd		<b>Transaction ID : SA11AI.13759</b>	
City Manhasset	State NY	Zip Code 11030	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Royalnest Corp	Occupation Business		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Thomas Derby</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 106 Country Club Road		<b>Transaction ID : SA11AI.14481</b>	
City Bellport	State NY	Zip Code 11713	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Emerald Island Supply	Occupation Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>C. Thomas Derby</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 106 Country Club Road		<b>Transaction ID : SA11AI.14173</b>	
City Bellport	State NY	Zip Code 11713	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Emerald Island Supply	Occupation Vice President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Dilandro**

Mailing Address 99 Whippoorwill Lane

City East Quogue State NY Zip Code 11942

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

Name of Employer Ocean Electric Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14048**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Margaret Durso**

Mailing Address 2 Windsor Hill

City Saint James State NY Zip Code 11750-3908

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  
300.00

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

**Transaction ID : SA11AI.14333**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Maurice Edelson**

Mailing Address 120 East 81st St

City New York State NY Zip Code 10021

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

Name of Employer Time Warner Inc Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14226**

Amount of Each Receipt this Period  
500.00

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

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

2200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>David Emrani</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 4333 Veterans Memorial Hwy		<b>Transaction ID : SA11AI.14407</b>
City Ronkonkoma	State NY	Zip Code 11779
FEC ID number of contributing federal political committee.	C	
Name of Employer Pride Products Corporation	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) <b>Mark Engel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 1 Forest Dr		<b>Transaction ID : SA11AI.13762</b>
City Sands Point	State NY	Zip Code 11050
FEC ID number of contributing federal political committee.	C	
Name of Employer Langson Property Services Corp	Occupation Real estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	
		Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial) <b>Matthew Engel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 19 Soundview Lane		<b>Transaction ID : SA11AI.13761</b>
City Sands Point	State NY	Zip Code 11050
FEC ID number of contributing federal political committee.	C	
Name of Employer Langsam Property Services Corp	Occupation Real estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1750.00	
		Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 23 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Steven Engel</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 3817 Woodley Rd NW		<b>Transaction ID : SA11AI.13763</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dechert LLP	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Dawn Eskew</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 23 Alley Pond Ct		<b>Transaction ID : SA11AI.14463</b>
City Dix Hills	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Housewife	Occupation Housewife	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Angel Falcon</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 35 Sycora Lane		<b>Transaction ID : SA11AI.14142</b>
City Islandia	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Church	Occupation Senior Pastor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<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 24 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Pamela Farino</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 30 Summerset Drive		<b>Transaction ID : SA11AI.14179</b>
City Smithtown	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Domestic Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1050.00	

Full Name (Last, First, Middle Initial) <b>Steven Fazio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 15 Industrial Blvd		<b>Transaction ID : SA11AI.14184</b>
City Medford	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Posimech Inc	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Todd Freund</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 1 Brewster Court		<b>Transaction ID : SA11AI.15044</b>
City Setauket	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 25 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Todd Freund</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1 Brewster Court		<b>Transaction ID : SA11AI.14488</b>
City Setauket	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 2250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Louis Friedrich</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 188 E 78th St		<b>Transaction ID : SA11AI.14924</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 400.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Susan Frohnhoefer</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 27 Corwell Avenue		<b>Transaction ID : SA11AI.14174</b>
City Riverhead	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 436.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	714.00
<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 26 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Diane Glazer**

Mailing Address 3818 Mansfield Dr

City State Zip Code  
Seaford NY 11783

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

Name of Employer Occupation  
Motorola Tech Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14455**

Amount of Each Receipt this Period  
250.00

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

Mailing Address PO Box 12

City State Zip Code  
Middle Island NY 11953

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

Name of Employer Occupation  
Just Kids Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14471**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Greenan**

Mailing Address 451 E 14th St 2C

City State Zip Code  
New York NY 10009

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

Name of Employer Occupation  
Requested Info---Sent Letter Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : SA11AI.14443**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 125
	<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)  
**Zeldin For Congress**

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

Mailing Address 611 Moriches Rd

City Nissequoge State NY Zip Code 11780

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

Name of Employer Busby Metals Occupation 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  
 10 / 23 / 2014

**Transaction ID : SA11AI.14135**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Harney**

Mailing Address 94 Lake Avenue

City Center Moriches State NY Zip Code 11934

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

Name of Employer Stalco Construction Inc Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14126**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 7 Snowdance Lane

City Nesconset State NY Zip Code 11767

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  
228.00

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

**Transaction ID : SA11AI.14431**

Amount of Each Receipt this Period  
50.00

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

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Alanson Haughton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address P.O. Box 1257		<b>Transaction ID : SA11AI.14224</b>
City Sag Harbor	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Pitcainn Trust Co	Occupation Investment Advisor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) <b>B. Vanessa Herman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Mailing Address 237 Middle Island Road		<b>Transaction ID : SA11AI.14273</b>
City Medford	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pace University	Occupation Sent Request Letter	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1060.00	

Full Name (Last, First, Middle Initial) <b>C. Todd Houslanger</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Mailing Address 7 Timber Lane		<b>Transaction ID : SA11AI.14312</b>
City Fort Salonga	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Houslanger & Associates, PLLC	Occupation Attorney at Law	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 264.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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 29 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Hubbell**

Mailing Address 300 S Biscayne Blvd #4006

City Miami State FL Zip Code 33131

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

Name of Employer Hale Hamm Investments Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.14069**

Amount of Each Receipt this Period  
1600.00

**B.** Full Name (Last, First, Middle Initial)  
**INVESTIGATIVE AND SECURITY PROFESSIONALS FOR LEGISLATIVE ACTION PAC**

Mailing Address 235 NORTH PINE ST

City LANSING State MI Zip Code 48933

FEC ID number of contributing federal political committee. **C** C00463786

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.13097**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Cleveland Johnson Jr**

Mailing Address 47 Doral Lane

City Bayshore State NY Zip Code 11706

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

Name of Employer Self Employed--Letter Sent Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14768**

Amount of Each Receipt this Period  
500.00

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

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

4700.00

**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 30 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Joyce**

Mailing Address 4165 Grandview

City State Zip Code  
Wellsville NY 14895

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

Name of Employer Occupation  
Otis Eastern Service Inc Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.13823**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**JS Hyundai Automotive LLC**

Mailing Address 1815 Middle Country Rd

City State Zip Code  
Centereach NY 11720

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14118**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 348 Carnation Drive

City State Zip Code  
Farmingdale NY 11735

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

Name of Employer Occupation  
Atlantic Auto Group COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14118.0**

Amount of Each Receipt this Period  
1500.00

**[MEMO ITEM]**

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

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

4100.00

**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 31 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank Kiridly**

Mailing Address 95 Smithtown Blvd

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Occupation  
Regency Homes Developer/Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14072**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nabil Kiridly**

Mailing Address 267 E Main St Suite B3

City State Zip Code  
Smithtown NY 11787

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

Name of Employer Occupation  
Nabil Kiridly M.D. Plastic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14358**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Judy Landsberg**

Mailing Address 26 Van Buren Ave.

City State Zip Code  
Centereach NY 11720

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
267.00

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

**Transaction ID : SA11AI.14265**

Amount of Each Receipt this Period  
14.00

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

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

1264.00

**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 32 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**N Brian Lewis**

Mailing Address 138-18 28th Rd  
Apt 3B

City Flushing State NY Zip Code 11354

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

Name of Employer Langsam Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.14228**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Oren Lukatz**

Mailing Address 410 So Rampant Blvd Suite 440

City LasVegas State NV Zip Code 89145

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14131**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Yasmin Lukatz**

Mailing Address 410 So Rampant Blvd Suite 440

City LasVegas State NV Zip Code 89145

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14129**

Amount of Each Receipt this Period  
2600.00

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

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

5700.00



**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 33 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Mallins**

Mailing Address 7 Innis Avenue

City Ronkonkoma State NY Zip Code 11779

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  
2300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14030**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jackie Maloney**

Mailing Address 108 Lynn Ave

City Hampton Bays State NY Zip Code 11946

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : SA11AI.14191**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeanne Maloney**

Mailing Address 108 Lynn Ave

City Hampton Bays State NY Zip Code 11946

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : SA11AI.14036**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy McCulley**

Mailing Address 51 Old Trail Rd

City State Zip Code  
Water Mill NY 11976

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

Name of Employer Occupation  
Law Office of Timothy McCulley Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

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

**Transaction ID : SA11AI.14439**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Katherine McGreevy**

Mailing Address 800 Summit Dr

City State Zip Code  
Mattituck NY 11952

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11AI.14411**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 60 West 57th Street Apt 3F

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
JP Morgan Chase Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

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

**Transaction ID : SA11AI.14214**

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Anthony Milano</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 80 Maiden Lane		<b>Transaction ID : SA11AI.14321</b>
City New York	State NY	Zip Code 10038
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Crown Advantage	Occupation Owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur Monaco</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 33 Lourae Dr.		<b>Transaction ID : SA11AI.14424</b>
City Massapequa	State NY	Zip Code 11762
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Requested Info (Sent letter)	Occupation Requested Information	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

Full Name (Last, First, Middle Initial) <b>C. Enzo Morabito</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 256 Mill Rd		<b>Transaction ID : SA11AI.14371</b>
City Westhampton Beach	State NY	Zip Code 11978
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.00	
Name of Employer Douglas Elliman	Occupation Real Estate Broker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2528.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	364.00
<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 36 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Catherine Mullahy**

Mailing Address 10 Puritan Pl

City State Zip Code  
Huntington NY 11743

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

Name of Employer Occupation  
Mullahy & Associates Nurse Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

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

**Transaction ID : SA11AI.14340**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Tom Mulrooney**

Mailing Address 7 Westbury Rd

City State Zip Code  
Hampton Bays NY 11946

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11AI.14240**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 200 Atlantic Avenue

City State Zip Code  
Blue Point NY 11715

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11AI.14414**

Amount of Each Receipt this Period  
**300.00**

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

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

**600.00**

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

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

FOR LINE NUMBER: PAGE 37 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Murphy**

Mailing Address 3349 Park Ave

City State Zip Code  
Wantagh NY 11793

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

Name of Employer Occupation  
Murphy-Troy & Associates P.C. Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14453**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Justin Muzinich**

Mailing Address 110 East 71st St

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Muzinich & Co Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11AI.14336**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Seema Nambiar**

Mailing Address 1 Penn Drive

City State Zip Code  
Dix Hills NY 11746

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

Name of Employer Occupation  
Requested Info Requested Info

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

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

**Transaction ID : SA11AI.14452**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Badri Nath</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 4 Phyllis Dr Ste B		<b>Transaction ID : SA11AI.14074</b>
City Patchogue	State NY	Zip Code 11772
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	
		Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial) <b>Desmond O'Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 21 Waterview Dr		<b>Transaction ID : SA11AI.14253</b>
City Port Jefferson	State NY	Zip Code 11777
FEC ID number of contributing federal political committee.	C	
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) <b>Old Victoria House LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 750 Route 25A Ste 3		<b>Transaction ID : SA11AI.14484</b>
City Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<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 39 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Parviz Farahzad**

Mailing Address Route 25A Woods Corner Rd

City State Zip Code  
Setauket NY 11733

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

Name of Employer Occupation  
Old Victoria House LLC Property Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.14484.0**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 1053

City State Zip Code  
BLOOMINGTON IN 47402

FEC ID number of contributing federal political committee. **C** C00551853

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.13846**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**P & B Automotive LLC**

Mailing Address 193 Sunrise Highway

City State Zip Code  
West Islip NY 11795

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.14114**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 125
	<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)  
**Zeldin For Congress**

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

Mailing Address 110 Cooper Street #637

City State Zip Code  
Babylon NY 11702

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

Name of Employer Requested Info (Sent letter) Occupation Requested Info

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 31 2014

**Transaction ID : SA11AI.14114.0**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**

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

Mailing Address 5 Hornleaf Lane

City State Zip Code  
Holbrook NY 11741

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

Name of Employer Custom Design Contracting Occupation Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

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

**Transaction ID : SA11AI.14372**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Raymond Prochaska**

Mailing Address 22 Wicks Rd

City State Zip Code  
E Northport NY 11731

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  
300.00

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

**Transaction ID : SA11AI.14425**

Amount of Each Receipt this Period  
50.00

**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 41 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>William Proietto</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 27 West Haven Drive		<b>Transaction ID : SA11AI.14457</b>	
City East Northport	State NY	Zip Code 11731	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer GEICO	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 550.00		

Full Name (Last, First, Middle Initial) <b>Peter Quick</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 118 Horseshoe Rd.		<b>Transaction ID : SA11AI.13100</b>	
City Mill Neck	State NY	Zip Code 11765-1004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer American Stock Exchange	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3600.00		

Full Name (Last, First, Middle Initial) <b>Richard Quit</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 15 Randall Rd		<b>Transaction ID : SA11AI.14261</b>	
City Wading River	State NY	Zip Code 11792	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 214.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2875.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 42 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Raiser**

Mailing Address 41 Webster St

City State Zip Code  
N.Merrick NY 11566

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

Name of Employer Occupation  
Raiser & Kenniff 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  
11 / 02 / 2014

**Transaction ID : SA11AI.14285**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerard Reda**

Mailing Address 15 Greenwood Lane

City State Zip Code  
St James NY 11780

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

Name of Employer Occupation  
Requested Info---Sent Letter Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.14155**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Julie Riccio**

Mailing Address 4810 25th St N

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
PWC Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.14196**

Amount of Each Receipt this Period  
250.00

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

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

1250.00

**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 43 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arthur Riklin**

Mailing Address 122 Laburnum

City San Antonio State TX Zip Code 78209

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.14427**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**William Rogers**

Mailing Address 34 Boylan Lane

City Blue Point State NY Zip Code 11715

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

Name of Employer Requested Info--Sent Letter Occupation Requested Info--Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : SA11AI.14246**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Rom**

Mailing Address 64 Wood Ave

City Amityville State NY Zip Code 11701

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

Name of Employer Requested Info--Sent Letter Occupation Requested Info--Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.14450**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

**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 44 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>Brad Rose</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2006 Lake End Rd		<b>Transaction ID : SA11AI.13755</b>
City Merrick	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Pryor Cashman LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Brad Rose</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 2006 Lake End Rd		<b>Transaction ID : SA11AI.13757</b>
City Merrick	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Pryor Cashman LLP	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Jacalyn Rose</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2006 Lake End Rd		<b>Transaction ID : SA11AI.14101</b>
City Merrick	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer Self Employed	Occupation Advertising	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3900.00
<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 45 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Stephen Schmidt</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 102 W Lakewood St		<b>Transaction ID : SA11AI.14161</b>
City Patchogue	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 250.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Stephen Schmidt</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 102 W Lakewood St		<b>Transaction ID : SA11AI.14262</b>
City Patchogue	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Election Cycle-to-Date 300.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. William Schoolman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1600 Locust Ave		<b>Transaction ID : SA11AI.14449</b>
City Bohemia	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Schoolman Transportation	Occupation CEO	Election Cycle-to-Date 750.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 46 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Merrill Schwartz**

Mailing Address 18444 Via Di Regina

City Boca Raton State FL Zip Code 33496

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  
**1754.00**

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

**Transaction ID : SA11AI.14206**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Scott Silberman**

Mailing Address 25 Ely Rd

City Holmoel State NJ Zip Code 07733

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

Name of Employer SMS Engineering Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550.00**

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

**Transaction ID : SA11AI.14223**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 31 Woodacres Rd

City Brookville State NY Zip Code 11545

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

Name of Employer Requested Info---Sent Letter Occupation Requested Info---Sent Letter

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.14341**

Amount of Each Receipt this Period  
**500.00**

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

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

**700.00**

**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 47 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Simons**

Mailing Address 4815 Habersham Lane

City Summerville State SC Zip Code 29485

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

Name of Employer Trident Real Estate Occupation Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14186**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Carrol Smith**

Mailing Address 2114 Bradley Pond Rd

City Ellenburg Center State NY Zip Code 12934

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

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.14104**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Clifford Sobel**

Mailing Address 225 Millburn Ave

City Milburn State NJ Zip Code 07041

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

Name of Employer Valor Capital Broup Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.14049**

Amount of Each Receipt this Period  
 2600.00

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

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

3850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marisa Sorrentino**

Mailing Address 100 Elliot Ave

City State Zip Code  
Lake Grove NY 11755

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

Name of Employer Occupation  
Evinlem Management Archiver

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.15066**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Spies**

Mailing Address 7406 Park Terrace Dr

City State Zip Code  
Alexandria VA 22307

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

Name of Employer Occupation  
Clark Hill PLLC 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  
11 / 02 / 2014

**Transaction ID : SA11AI.14324**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kanwal Sra**

Mailing Address 7 Alley Pond Ct

City State Zip Code  
Huntington Station NY 11746

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

Name of Employer Occupation  
Sra & Associates Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14461**

Amount of Each Receipt this Period  
250.00

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

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

1750.00



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

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

FOR LINE NUMBER: PAGE 49 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wallace Steidle**

Mailing Address PO Box 392

City Watermill State NY Zip Code 11976

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

Name of Employer Self Employed Occupation Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

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

**Transaction ID : SA11AI.15193**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Wallace Steidle**

Mailing Address PO Box 392

City Watermill State NY Zip Code 11976

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

Name of Employer Self Employed Occupation Fisherman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

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

**Transaction ID : SA11AI.14410**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Edward Stein Jr.**

Mailing Address 306 Orchid Drive

City Mastic Beach State NY Zip Code 11951

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

Name of Employer US Postal Service Occupation Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **303.00**

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

**Transaction ID : SA11AI.14476**

Amount of Each Receipt this Period  
**50.00**

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

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

**150.00**

**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 50 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Stein Jr.**

Mailing Address 306 Orchid Drive

City Mastic Beach State NY Zip Code 11951

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

Name of Employer US Postal Service Occupation Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **328.00**

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

**Transaction ID : SA11AI.14172**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Edward Stein Jr.**

Mailing Address 306 Orchid Drive

City Mastic Beach State NY Zip Code 11951

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

Name of Employer US Postal Service Occupation Letter Carrier

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **353.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14309**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Sunrise Automall LLC**

Mailing Address 1391 Sunrise Highway

City Bayshore State NY Zip Code 11706

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14112**

Amount of Each Receipt this Period  
**1500.00**

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

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

**1550.00**

**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 51 OF 125
	<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)  
**Zeldin For Congress**

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

Mailing Address 3 Spinnaker Ct

City Northport State NY Zip Code 11768

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

Name of Employer Atlantic Auto Group Occupation Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.14112.0**

Amount of Each Receipt this Period  
1500.00

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Tangel Engineering Associates PC**

Mailing Address 285 Middle Country Rd Suite 208

City Smithtown State NY Zip Code 11787

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : SA11AI.14418**

Amount of Each Receipt this Period  
200.00

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

Mailing Address Did not want to provide home add

City State NY Zip Code

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

Name of Employer Tangel Engineering Associates Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : SA11AI.14418.0**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**

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

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

200.00

**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 52 OF 125
	<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)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**S.V. Tanguturi**

Mailing Address 10 Poplar Lane

City Bayport State NY Zip Code 11705

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

Name of Employer Satyanarayana V. Tanguturi M.D. Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.14356**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Manoj Treman**

Mailing Address 2544 Tonquen St

City E.Meadow State NY Zip Code 11554

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  
250.00

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

**Transaction ID : SA11AI.14250**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Manmohan Wanchoo**

Mailing Address 6 Hicks Lane

City Old Westbury State NY Zip Code 11568

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

Name of Employer Requested Info Occupation Requested Info

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

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

**Transaction ID : SA11AI.14473**

Amount of Each Receipt this Period  
150.00

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

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

650.00

**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 53 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jay Wartski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 251 West 20th St		<b>Transaction ID : SA11AI.14390</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Real Estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Whelan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 165 West End Ave Apt 20D		<b>Transaction ID : SA11AI.14277</b>
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Blank Rome LLP	Occupation Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Jan Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address PO Box 664		<b>Transaction ID : SA11AI.14212</b>
City Nesconset	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer Port Jeff Cesspool Service Inc	Occupation Service Person	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 242.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	764.00
<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 54 OF 125
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Myles Wittenstein</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address P.O. Box 411		<b>Transaction ID : SA11AI.14446</b>
City Sagaponack	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UBS Financial Services	Occupation Financial Advisors	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Fred Zeidman</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3719 Olympia Dr		<b>Transaction ID : SA11AI.14319</b>
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Requested Info---Sent Letter	Occupation Requested Info---Sent Letter	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Adam Zeldin</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 360 W Washington Avenue Apt # 1215		<b>Transaction ID : SA11AI.14287</b>
City Madison	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Epic Systems Corp	Occupation Analyst	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	87181.00

**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 55 OF 125
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Smithtown Conservatives For Victory**

Mailing Address 181 Smithtown Blvd Ste 103

City Nesconset State NY Zip Code 11767

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
995.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11B.14898**

Amount of Each Receipt this Period  
995.00

Permissible Funds

**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).....

995.00

995.00

**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 56 OF 125	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ACPAC ACA International**

Mailing Address 509 2nd Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00034785**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 02 / 2014**

**Transaction ID : SA11C.14897**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**CABLEVISION SYSTEMS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 STEWART AVENUE

City BETHPAGE State NY Zip Code 11714

FEC ID number of contributing federal political committee. **C C00197863**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

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

**Transaction ID : SA11C.14065**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 CAPITAL ONE DRIVE  
ATTN: 19050-1204

City MCLEAN State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C C00326595**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : SA11C.14106**

Amount of Each Receipt this Period  
**4000.00**

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

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

**7500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A. Full Name (Last, First, Middle Initial)**  
**CMR POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11C.14012**

Amount of Each Receipt this Period  
 2000.00

**B. Full Name (Last, First, Middle Initial)**  
**COLLINS FOR CONGRESS**

Mailing Address PO BOX 1295

City Gainesville State GA Zip Code 30503

FEC ID number of contributing federal political committee. **C** C00502039

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 859.06

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

**Transaction ID : SA11C.15352**

Amount of Each Receipt this Period  
 859.06

In-kind - Fund raiser travel expenses

**C. Full Name (Last, First, Middle Initial)**  
**DEEDS NOT WORDS POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 94478

City Oklahoma City State OK Zip Code 73143

FEC ID number of contributing federal political committee. **C** C00569293

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11C.14507**

Amount of Each Receipt this Period  
 1000.00

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

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

3859.06

**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 58 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOUG LAMALFA COMMITTEE**

Mailing Address 2150 RIVER PLAZA DR., #150

City State Zip Code  
SACRAMENTO CA 95833

FEC ID number of contributing federal political committee. **C** C00509422

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 27 2014

**Transaction ID : SA11C.14041**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**FIRST IN FREEDOM PAC**

Mailing Address 228 S WASHINGTON STREET  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00540146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 27 2014

**Transaction ID : SA11C.14045**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Mario Mattera**

Mailing Address P.O. Box 2

City State Zip Code  
St James NY 11780

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11C.15296**

Amount of Each Receipt this Period  
250.00

Permissible Funds

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

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

3850.00

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

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

FOR LINE NUMBER: PAGE 59 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A. FUND FOR AMERICAN OPPORTUNITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 65796  
 City WASHINGTON State DC Zip Code 20035  
 FEC ID number of contributing federal political committee. **C C00336297**  
 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  
 10 / 31 / 2014  
**Transaction ID : SA11C.14110**  
 Amount of Each Receipt this Period  
 1000.00

**B. GARY PALMER FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 OXMOOR RD #235  
 City HOMEWOOD State AL Zip Code 35209  
 FEC ID number of contributing federal political committee. **C C00551374**  
 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  
 10 / 29 / 2014  
**Transaction ID : SA11C.14086**  
 Amount of Each Receipt this Period  
 1000.00

**C. GEORGE HOLDING FOR CONGRESS INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 97187  
 City RALEIGH State NC Zip Code 27624  
 FEC ID number of contributing federal political committee. **C C00499236**  
 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  
 11 / 02 / 2014  
**Transaction ID : SA11C.14505**  
 Amount of Each Receipt this Period  
 1000.00

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A. GREATER TOMORROW POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 PENNSYLVANIA AVENUE SE STE 330

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00526715

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  
 10 / 27 / 2014

**Transaction ID : SA11C.14038**

Amount of Each Receipt this Period  
 1000.00

**B. HSP Direct**

Full Name (Last, First, Middle Initial)  
Mailing Address 13755 Sunrise Valley Dr Suite 450

City Herndon State VA Zip Code 20171

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  
 10 / 26 / 2014

**Transaction ID : SA11C.14024**

Amount of Each Receipt this Period  
 2600.00

**C. ICE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 9158 E Staring Lane

City Eden Prairie State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C** C00484667

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  
 10 / 27 / 2014

**Transaction ID : SA11C.14040**

Amount of Each Receipt this Period  
 2000.00

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

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

5600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

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

Mailing Address 20 F Street NW Ste 610

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

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

**Transaction ID : SA11C.14068**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**John Ratcliffe For Congress**

Mailing Address 2931 Ridge Rd Ste 101-217

City Rockwall State TX Zip Code 75032

FEC ID number of contributing federal political committee. **C** C00554113

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.14026**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

FEC ID number of contributing federal political committee. **C** C00433730

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.14028**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 62 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC**

Mailing Address **PO BOX 30844**

City **BETHESDA** State **MD** Zip Code **20824**

FEC ID number of contributing federal political committee. **C C00563726**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11C.14044**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL FUEL GAS COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address **6363 MAIN STREET**

City **WILLIAMSVILLE** State **NY** Zip Code **14221**

FEC ID number of contributing federal political committee. **C C00083758**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11C.14084**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL PRO-LIFE ALLIANCE PAC**

Mailing Address **5211 PORT ROYAL ROAD SUITE 500**

City **SPRINGFIELD** State **VA** Zip Code **22151**

FEC ID number of contributing federal political committee. **C C00358051**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : SA11C.14016**

Amount of Each Receipt this Period  
**5000.00**

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

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

**8600.00**

**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 63 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NEW YORK MAJORITY FUND 2014**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

FEC ID number of contributing federal political committee. **C** C00566216

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  
 10 / 29 / 2014

**Transaction ID : SA11C.14094**

Amount of Each Receipt this Period  
 2600.00

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

FEC ID number of contributing federal political committee. **C** C00437913

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  
 11 / 03 / 2014

**Transaction ID : SA11C.14900**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**PATRIOT VOICES PAC**

Mailing Address 315 FOXTAIL LANE

City SPRING CITY State PA Zip Code 19475

FEC ID number of contributing federal political committee. **C** C00528307

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  
 10 / 30 / 2014

**Transaction ID : SA11C.14098**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

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

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

4600.00

**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 64 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

**A. People for Enterprise Trade & Economic Growth**

Full Name (Last, First, Middle Initial)  
Mailing Address 7804 Evening Lane

City: Alexandria State: VA Zip Code: 22306

FEC ID number of contributing federal political committee: **C** C00363770

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 7000.00

Date of Receipt: 10 / 25 / 2014

**Transaction ID : SA11C.14013**

Amount of Each Receipt this Period: 3000.00

**B. Portuguese American PAC Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address 760 Horseblock Rd

City: Farmingville State: NY Zip Code: 11738

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

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 11 / 03 / 2014

**Transaction ID : SA11C.15263**

Amount of Each Receipt this Period: 1000.00

**C. RENEW AMERICA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 27 LEHIGH COURT

City: ROCKVILLE CENTRE State: NY Zip Code: 11570

FEC ID number of contributing federal political committee: **C** C00290098

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 7500.00

Date of Receipt: 10 / 27 / 2014

**Transaction ID : SA11C.14064**

Amount of Each Receipt this Period: 2500.00

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

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

6500.00



**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 65 OF 125
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC**

Mailing Address **P. O. BOX 718**

City	State	Zip Code
WINSTON-SALEM	NC	27102

FEC ID number of contributing federal political committee. **C C00042002**

Name of Employer Occupation

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 Y
10	/	27	/	2014

Transaction ID : **SA11C.14051**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

B. Full Name (Last, First, Middle Initial)  
**The Good Fund**

Mailing Address **P.O. Box 3404**

City	State	Zip Code
Alexandria	VA	22302

FEC ID number of contributing federal political committee. **C C00409185**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2014

Transaction ID : **SA11C.14047**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 3000.00

C. Full Name (Last, First, Middle Initial)  
**UTC Employee Political Action Committee**

Mailing Address **No street address on check**

City	State	Zip Code
Hartford	CT	06101

FEC ID number of contributing federal political committee. **C C00035683**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2014

Transaction ID : **SA11C.14902**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

2014 General Debt

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

\_\_\_\_\_ 6500.00

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

\_\_\_\_\_ 54509.06

**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 66 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Advantage Direct</b>		M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2300 Clarendon Blvd Ste 303		Amount of Each Disbursement this Period
City State Zip Code Arlington VA 22201		11727.84
Purpose of Disbursement Voter ID's		Transaction ID : SB17.14533
Candidate Name <b>Zeldin For Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		004
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Advantage Direct</b>		M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2300 Clarendon Blvd Ste 303		Amount of Each Disbursement this Period
City State Zip Code Arlington VA 22201		4091.60
Purpose of Disbursement Voter ID's		Transaction ID : SB17.14543
Candidate Name <b>Zeldin For Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		005
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Alitalia Pizza</b>		M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 532 Montauk Highway		Amount of Each Disbursement this Period
City State Zip Code Center Moriches NY 11934		192.04
Purpose of Disbursement Pizza for Volunteers		Transaction ID : SB17.14580
Candidate Name <b>Zeldin For Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		001
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16011.48
<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 67 OF 125		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Alitalia Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 532 Montauk Highway		Amount of Each Disbursement this Period 383.45 <b>Transaction ID : SB17.14892</b>
City Center Moriches	State NY	
Zip Code 11934	Purpose of Disbursement Bill Paid at Pizza Place for Volunteer Food	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Eric Amidon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 7 Meadowgrass Lane		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.14551</b>
City Southampton	State NY	
Zip Code 11968	Purpose of Disbursement Campaign Manager	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Erin Amidon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 7 Meadowgrass Lane		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.14571</b>
City Southampton	State NY	
Zip Code 11968	Purpose of Disbursement Political Director	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15383.45
<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 68 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Anedot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 555 Hilton Ave Ste 106		Amount of Each Disbursement this Period 1771.34 <b>Transaction ID : SB17.15345</b>
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fees on donations		Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 41402.34 <b>Transaction ID : SB17.14676</b>
City Pittsburgh	State PA	
Purpose of Disbursement Media Buy		Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 15214.33 <b>Transaction ID : SB17.14679</b>
City Pittsburgh	State PA	
Purpose of Disbursement Media Buy		Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58388.01
<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 69 OF 125		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 19883.00 <b>Transaction ID : SB17.14688</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 39000.00 <b>Transaction ID : SB17.14689</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buy	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 104000.00 <b>Transaction ID : SB17.14692</b>
City Pittsburgh	State PA	
Zip Code 15211	Purpose of Disbursement Media Buys	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162883.00
<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 70 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Brabender Cox LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1218 Grandview Avenue		Amount of Each Disbursement this Period 6069.00 <b>Transaction ID : SB17.14707</b>
City Pittsburgh	State PA	
Purpose of Disbursement Media Buys	Category/ Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Cablevision</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1111 Stewart Ave		Amount of Each Disbursement this Period 109.95 <b>Transaction ID : SB17.14528</b>
City Bethpage	State NY	
Purpose of Disbursement Internet/Phone	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Campaigns Unlimited</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 142.30 <b>Transaction ID : SB17.14525</b>
City Shirley	State NY	
Purpose of Disbursement Paper	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6321.25
<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 71 OF 125			
	<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)  
**Zeldin For Congress**

**A. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Print/Postage/Mail Category/Type 004

Candidate Name Zeldin For Congress

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

State: NY District: 01

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 7987.69  
Transaction ID : SB17.14568

**B. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Postage Category/Type 001

Candidate Name Zeldin For Congress

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

State: NY District: 01

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 1538.81  
Transaction ID : SB17.14685

**c. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Postage Category/Type 001

Candidate Name Zeldin For Congress

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

State: NY District: 01

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 306.10  
Transaction ID : SB17.14686

**SUBTOTAL** of Disbursements This Page (optional) ..... 9832.60

**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 72 OF 125		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Campaigns Unlimited</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 92.08 <b>Transaction ID : SB17.14687</b>
City Shirley	State NY	
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Campaigns Unlimited</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 6623.70 <b>Transaction ID : SB17.14550</b>
City Shirley	State NY	
Purpose of Disbursement Lawn Signs	Category/ Type 006	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Campaigns Unlimited</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.14558</b>
City Shirley	State NY	
Purpose of Disbursement Radio Ad	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6915.78
<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 73 OF 125			
	<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)  
**Zeldin For Congress**

**A. Campaigns Unlimited**

Full Name (Last, First, Middle Initial)  
Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Finance Consulting

Candidate Name Zeldin For Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.14561

**B. Castle Strategies LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 11105 Harrowfield Road

City Charlotte State NC Zip Code 28226

Purpose of Disbursement Social Media Consultant

Candidate Name Zeldin For Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 2800.00

Transaction ID : SB17.14562

**c. Castle Strategies LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 11105 Harrowfield Road

City Charlotte State NC Zip Code 28226

Purpose of Disbursement Social Media Consultant

Candidate Name Zeldin For Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.14699

**SUBTOTAL** of Disbursements This Page (optional) ..... 13800.00

**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 74 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Citgo Lake Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2691 Middle Country Rd		Amount of Each Disbursement this Period 921.67 <b>Transaction ID : SB17.14715</b>
City Lake Grove	State NY	
Purpose of Disbursement Gas	Category/ Type 002	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1593 Spring Hill rd Suite 400		Amount of Each Disbursement this Period 7.60 <b>Transaction ID : SB17.14684</b>
City Tysons Corner	State VA	
Purpose of Disbursement Credit Card Fees	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>C. COLLINS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address PO BOX 1295		Amount of Each Disbursement this Period 859.06 <b>Transaction ID : SB17.15354</b>
City GAINESVILLE	State GA	
Purpose of Disbursement In-kind - Fund raiser travel expenses	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	921.67
<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 75 OF 125		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Colortree Group Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 8000 Villa Park Dr		Amount of Each Disbursement this Period 2104.65 <b>Transaction ID : SB17.15275</b>
City Richmond	State VA Zip Code 23228	
Purpose of Disbursement 2014 General Expense---Printing and Mailshop		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Connoisseur Media Long Island</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 234 Airport Plaza Ste 5		Amount of Each Disbursement this Period 4500.00 <b>Transaction ID : SB17.14515</b>
City Farmingdale	State NY Zip Code 11735	
Purpose of Disbursement Radio Buy		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Corporate Press Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 9700 Philadelphia Ct		Amount of Each Disbursement this Period 200.37 <b>Transaction ID : SB17.15277</b>
City Lanham	State MD Zip Code 20706	
Purpose of Disbursement 2014 General Expense---Printing and Mailshop		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6805.02
<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 76 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Disiena</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>22 Pine Dr</b>		Amount of Each Disbursement this Period <b>1530.00</b> <b>Transaction ID : SB17.14555</b>
City <b>Woodbury</b> State <b>NY</b> Zip Code <b>11797</b>	Purpose of Disbursement <b>Research Services</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>		Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B. DonorBureau</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 20 / 2014</b>
Mailing Address <b>1900 N Culpeper St</b>		Amount of Each Disbursement this Period <b>399.08</b> <b>Transaction ID : SB17.15279</b>
City <b>Arlington</b> State <b>VA</b> Zip Code <b>22207</b>	Purpose of Disbursement <b>2014 General Expense--Statistical Modeling</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>		Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>c. Eastern American Data</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>P.O Box 8043</b>		Amount of Each Disbursement this Period <b>653.92</b> <b>Transaction ID : SB17.14531</b>
City <b>Long Island City</b> State <b>NY</b> Zip Code <b>11101</b>	Purpose of Disbursement <b>Copier Rental</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>		Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2583.00</b>
<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 77 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. East Hampton Independent News Company</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 74 Montauk Hwy Ste 16		Amount of Each Disbursement this Period 1050.00
City East Hampton	State NY	Zip Code 11937
Purpose of Disbursement Newspaper Ads	Category/Type 004	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14678
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. James Emanuele</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 207 Gibbs Pond Road		Amount of Each Disbursement this Period 270.42
City Nesconset	State NY	Zip Code 11767
Purpose of Disbursement Expense Reimbursement	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14638
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. James Emanuele</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 207 Gibbs Pond Road		Amount of Each Disbursement this Period 182.89
City Nesconset	State NY	Zip Code 11767
Purpose of Disbursement Expense Reimbursement	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14628
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1503.31
<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 78 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lake Grove Mart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3089 Middle Country Rd		Amount of Each Disbursement this Period 50.44
City Lake Grove	State NY	
Zip Code 11755	Purpose of Disbursement Gas on 10/08/2014	Transaction ID : SB17.14628.2
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 3460 Veterans Memorial Highway		Amount of Each Disbursement this Period 27.69
City Bohemia	State NY	
Zip Code 11716	Purpose of Disbursement Fed Ex Overnight Package	Transaction ID : SB17.14680
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 3460 Veterans Memorial Highway		Amount of Each Disbursement this Period 27.69
City Bohemia	State NY	
Zip Code 11716	Purpose of Disbursement Fed Ex Overnight Package	Transaction ID : SB17.14690
Candidate Name <b>Zeldin For Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55.38
<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 79 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address <b>3460 Veterans Memorial Highway</b>		Amount of Each Disbursement this Period <b>32.05</b>
City <b>Bohemia</b> State <b>NY</b> Zip Code <b>11716</b>	Purpose of Disbursement <b>Fed Ex Overnight Package</b>	<b>001</b> Category/ Type
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>	<b>Transaction ID : SB17.14694</b>	

Full Name (Last, First, Middle Initial) <b>B. Fed Ex Office</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>3460 Veterans Memorial Highway</b>		Amount of Each Disbursement this Period <b>27.69</b>
City <b>Bohemia</b> State <b>NY</b> Zip Code <b>11716</b>	Purpose of Disbursement <b>Fed Ex overnight package</b>	<b>001</b> Category/ Type
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>	<b>Transaction ID : SB17.14711</b>	

Full Name (Last, First, Middle Initial) <b>c. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>P.O. Box 677</b>		Amount of Each Disbursement this Period <b>1086.72</b>
City <b>Shirley</b> State <b>NY</b> Zip Code <b>11967</b>	Purpose of Disbursement <b>Postage</b>	<b>004</b> Category/ Type
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>	<b>Transaction ID : SB17.14547</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1146.46</b>
<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 80 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1811.06 <b>Transaction ID : SB17.14548</b>
City Shirley	State NY	
Purpose of Disbursement Postage	Category/ Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 1746.00 <b>Transaction ID : SB17.14549</b>
City Shirley	State NY	
Purpose of Disbursement Postage	Category/ Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. GMG Printing &amp; Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address P.O. Box 677		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : SB17.14520</b>
City Shirley	State NY	
Purpose of Disbursement Stamps	Category/ Type 006	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4047.06
<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 81 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. GMG Printing &amp; Marketing</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address P.O. Box 677			Amount of Each Disbursement this Period <b>793.27</b> Transaction ID : <b>SB17.14522</b>
City <b>Shirley</b>	State <b>NY</b>	Zip Code <b>11967</b>	
Purpose of Disbursement Mailing		Category/ Type <b>006</b>	
Candidate Name <b>Zeldin For Congress</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District: 01		

Full Name (Last, First, Middle Initial) <b>B. Philip Goglas II</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address 39 Oak St			Amount of Each Disbursement this Period <b>132.66</b> Transaction ID : <b>SB17.14731</b>
City <b>Central Islip</b>	State <b>NY</b>	Zip Code <b>11722</b>	
Purpose of Disbursement Reimbursement Check		Category/ Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District: 01		

Full Name (Last, First, Middle Initial) <b>c. Citgo Shirley</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address 980 Montauk Highway			Amount of Each Disbursement this Period <b>55.00</b> Transaction ID : <b>SB17.14731.0</b> <b>[MEMO ITEM]</b>
City <b>Shirley</b>	State <b>NY</b>	Zip Code <b>11967</b>	
Purpose of Disbursement Gas on 10/05/2014		Category/ Type <b>002</b>	
Candidate Name <b>Zeldin For Congress</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NY	District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>925.93</b>
<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 82 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Citgo Lake Grove</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2691 Middle Country Rd		Amount of Each Disbursement this Period 31.33
City Lake Grove	State NY	Zip Code 11755
Purpose of Disbursement Gas on 10/10/2014	Category/ Type 002	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : <b>SB17.14731.3</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 39 Oak St		Amount of Each Disbursement this Period 900.00
City Central Islip	State NY	Zip Code 11722
Purpose of Disbursement Volunteer Coordinator	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : <b>SB17.14557</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 39 Oak St		Amount of Each Disbursement this Period 131.38
City Central Islip	State NY	Zip Code 11722
Purpose of Disbursement Expense Reimbursement	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : <b>SB17.14591</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1031.38
<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 83 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Philip Goglas II</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2014</b>
Mailing Address <b>39 Oak St</b>		Amount of Each Disbursement this Period <b>1092.00</b> <b>Transaction ID : SB17.14599</b>
City <b>Central Islip</b> State <b>NY</b> Zip Code <b>11722</b>	Purpose of Disbursement <b>Volunteer Coordinator</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>B. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>124 Dock Rd.</b>		Amount of Each Disbursement this Period <b>1213.86</b> <b>Transaction ID : SB17.14675</b>
City <b>East Islip</b> State <b>NY</b> Zip Code <b>11730</b>	Purpose of Disbursement <b>Expense Reimbursement</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>736 Main St</b>		Amount of Each Disbursement this Period <b>76.45</b> <b>Transaction ID : SB17.14675.0</b> <b>[MEMO ITEM]</b>
City <b>Islip</b> State <b>NY</b> Zip Code <b>11751</b>	Purpose of Disbursement <b>Gas on 10/09/2014</b> Category/Type <b>002</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>01</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2305.86</b>
<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 84 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 34.01
City Islip	State NY	
Purpose of Disbursement Gas on 10/07/2014		Transaction ID : SB17.14675.1 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 12.28
City East Islip	State NY	
Purpose of Disbursement Coffee for the Office on 10/14/2014		Transaction ID : SB17.14675.6 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 43.00
City Islip	State NY	
Purpose of Disbursement Gas on 10/01/2014		Transaction ID : SB17.14675.7 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 85 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 66.00
City Islip	State NY	
Purpose of Disbursement Gas on 10/03/2014		Transaction ID : <b>SB17.14675.8</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Staples East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2650-1 Sunrise Highway		Amount of Each Disbursement this Period 243.31
City East Islip	State NY	
Purpose of Disbursement Supplies for Centereach Office on 10/15/2014		Transaction ID : <b>SB17.14675.9</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 22.14
City East Islip	State NY	
Purpose of Disbursement Coffee for Office on 10/01/2014		Transaction ID : <b>SB17.14675.12</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 86 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. The Groneman Group Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 124 Dock Rd		Amount of Each Disbursement this Period 180.00
City East Islip	State NY	
Purpose of Disbursement Security for Event on 10/05/2014		Transaction ID : SB17.14675.14 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 74.00
City Islip	State NY	
Purpose of Disbursement Gas on 10/11/2014		Transaction ID : SB17.14675.17 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 78.00
City Islip	State NY	
Purpose of Disbursement Gas on 10/13/2014		Transaction ID : SB17.14675.18 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 87 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 78.00
City Islip	State NY	
Purpose of Disbursement Gas bought on 10/05/2014		Transaction ID : SB17.14675.19 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 66.00
City Islip	State NY	
Purpose of Disbursement Gas bought on 10/10/2014		Transaction ID : SB17.14675.20 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 124 Dock Rd.		Amount of Each Disbursement this Period 1013.74
City East Islip	State NY	
Purpose of Disbursement Expense Reimbursement for the offices		Transaction ID : SB17.14613
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1013.74
<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 88 OF 125		
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Costco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 125 Beacon Dr		Amount of Each Disbursement this Period 365.41
City Holbrook	State NY	
Purpose of Disbursement Office Supplies for Headquarters on 10/02/2014		Transaction ID : SB17.14613.0 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. King Kullen</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 552 Montauk Highway		Amount of Each Disbursement this Period 65.51
City Center Moriches	State NY	
Purpose of Disbursement Office Supplies for Center Moriches Office on 10/2/2014		Transaction ID : SB17.14613.1 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 68.64
City Islip	State NY	
Purpose of Disbursement Gas reimbursement for 10/02/2014		Transaction ID : SB17.14613.2 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 89 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 46.55
City Centereach State NY Zip Code 11720	Purpose of Disbursement Lunch For Volunteers on 10/2/2014	Transaction ID : SB17.14613.3
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 22.74
City Centereach State NY Zip Code 11720	Purpose of Disbursement Office Supplies for Centereach Office on 10/04/2014	Transaction ID : SB17.14613.4
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 31.30
City Centereach State NY Zip Code 11720	Purpose of Disbursement Lunch For Volunteers on 10/08/2014	Transaction ID : SB17.14613.6
Candidate Name <b>Zeldin For Congress</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 90 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 70.25
City Islip	State NY	
Purpose of Disbursement Gas on 10/09/2014		Transaction ID : SB17.14613.7 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 002
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 23.80
City Centereach	State NY	
Purpose of Disbursement Lunch For Volunteers on 10/10/2014		Transaction ID : SB17.14613.8 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Staples Stony Brook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 2100 Nesconset Highway		Amount of Each Disbursement this Period 187.90
City Stony Brook	State NY	
Purpose of Disbursement Electronic Notebook for Headquarters on 10/16/2014		Transaction ID : SB17.14613.11 <b>[MEMO ITEM]</b>
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/ Type 001
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 91 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 40.93
City Centereach State NY Zip Code 11720	Purpose of Disbursement Office Supplies for Centereach Office on 10/14/2014	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14613.12 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 38.80
City Islip State NY Zip Code 11751	Purpose of Disbursement Gas on 10/15/2014	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14613.13 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>c. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 124 Dock Rd.		Amount of Each Disbursement this Period 995.80
City East Islip State NY Zip Code 11730	Purpose of Disbursement Expense Reimbursement	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14848
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	995.80
<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 92 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. King Kullen</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 552 Montauk Highway		Amount of Each Disbursement this Period 40.08
City Center Moriches	State NY	Zip Code 11934
Purpose of Disbursement Food For Election Day	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : SB17.14848.6	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 55.01
City Islip	State NY	Zip Code 11751
Purpose of Disbursement Gas	Category/Type 002	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : SB17.14848.8	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 31.48
City Centereach	State NY	Zip Code 11720
Purpose of Disbursement Snacks for Volunteers	Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : SB17.14848.9	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 93 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 161 Centereach Mall		Amount of Each Disbursement this Period 38.74
City Centereach State NY Zip Code 11720	Purpose of Disbursement Supplies for Centereach Office	Transaction ID : SB17.14848.10
Candidate Name Zeldin For Congress	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 79.00
City Islip State NY Zip Code 11751	Purpose of Disbursement Gas	Transaction ID : SB17.14848.12
Candidate Name Zeldin For Congress	Category/Type 002	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Belinda Groneman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 124 Dock Rd.		Amount of Each Disbursement this Period 671.24
City East Islip State NY Zip Code 11730	Purpose of Disbursement Expense Reimbursement	Transaction ID : SB17.14870
Candidate Name Zeldin For Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	671.24
<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 94 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 72.00
City Islip	State NY	
Purpose of Disbursement Gas	Category/ Type 002	Transaction ID : SB17.14870.0  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. New York Husco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 736 Main St		Amount of Each Disbursement this Period 50.51
City Islip	State NY	
Purpose of Disbursement Gas	Category/ Type 002	Transaction ID : SB17.14870.1  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 15.19
City Centereach	State NY	
Purpose of Disbursement Food For Volunteers	Category/ Type 001	Transaction ID : SB17.14870.3  [MEMO ITEM]
Candidate Name Zeldin For Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 95 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bed Bath &amp; Beyond</b>		Date of Disbursement MM / DD / YYYY 10 / 19 / 2014
Mailing Address 5131 Sunrise Highway		Amount of Each Disbursement this Period 152.13
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Merchandise for Fundraiser	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.5 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. Staples East Islip</b>		Date of Disbursement MM / DD / YYYY 10 / 08 / 2014
Mailing Address 2650-1 Sunrise Highway		Amount of Each Disbursement this Period 27.08
City East Islip State NY Zip Code 11730	Purpose of Disbursement Office Supplies	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.7 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. Dunkin Donuts East Islip</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 19.98
City East Islip State NY Zip Code 11751	Purpose of Disbursement Coffee for the Office	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.8 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 96 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 25.97
City East Islip	State NY	Zip Code 11751
Purpose of Disbursement Donuts for Volunteers	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : <b>SB17.14870.9</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Dunkin Donuts East Islip</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 300 East Main St		Amount of Each Disbursement this Period 7.61
City East Islip	State NY	Zip Code 11751
Purpose of Disbursement Munchkins for Volunteers	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : <b>SB17.14870.10</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 19.36
City Centereach	State NY	Zip Code 11720
Purpose of Disbursement Lunch For Volunteers	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>	Transaction ID : <b>SB17.14870.12</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 97 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 25.93
City State Zip Code Centereach NY 11720	Purpose of Disbursement Lunch for Volunteers	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.13 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 34.21
City State Zip Code Centereach NY 11720	Purpose of Disbursement Lunch for Volunteers	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14870.14 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Hess Farmingville</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1801 N.Ocean Ave		Amount of Each Disbursement this Period 375.00
City State Zip Code Farmingville NY 11763	Purpose of Disbursement Gas Cards for Interns and Drivers	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14703
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	375.00
<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 98 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. JPA Studio</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 48 Birchwood Rd		Amount of Each Disbursement this Period 211.72 <b>Transaction ID : SB17.14738</b>
City Coram State NY Zip Code 11727	Purpose of Disbursement Photography Services Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. JVC Broadcasting</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 3075 Veterans Memorial Highway Ste 201		Amount of Each Disbursement this Period 2990.00 <b>Transaction ID : SB17.14572</b>
City Ronkonkoma State NY Zip Code 11779	Purpose of Disbursement Radio Air Time Category/Type 004	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Lawrence Scott Events</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 35 Bethpage Rd		Amount of Each Disbursement this Period 5119.97 <b>Transaction ID : SB17.14537</b>
City Hicksville State NY Zip Code 11801	Purpose of Disbursement Catering for Fundraiser Category/Type 007	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8321.69
<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 99 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Long Island Advance</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O. Box 780		Amount of Each Disbursement this Period 495.00 <b>Transaction ID : SB17.14559</b>
City Patchogue State NY Zip Code 11772	Purpose of Disbursement Journal Ad Category/Type 004	
Candidate Name Zeldin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Long Island Advance</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address P.O. Box 780		Amount of Each Disbursement this Period 495.00 <b>Transaction ID : SB17.14841</b>
City Patchogue State NY Zip Code 11772	Purpose of Disbursement Full Page Ad Category/Type 004	
Candidate Name Zeldin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Majority Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 135 Professional Drive Suite 104		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.14532</b>
City Ponte Vedra Beach State FL Zip Code 32082	Purpose of Disbursement Mail Pieces Category/Type 001	
Candidate Name Zeldin For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3490.00
<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 100 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 294.87 <b>Transaction ID : SB17.14660</b>
City Kings Park State NY Zip Code 11754	Purpose of Disbursement Expense Reimbursement Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.14567</b>
City Kings Park State NY Zip Code 11754	Purpose of Disbursement Headquarters Coordinator Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 34.75 <b>Transaction ID : SB17.14588</b>
City Kings Park State NY Zip Code 11754	Purpose of Disbursement Expense Reimbursement Category/Type 001	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1329.62
<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 101 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 34.75
City Smithtown	State NY	Zip Code 11787
Purpose of Disbursement Lunch for Volunteers bought on 10/11/2014	Category/ Type 001	Transaction ID : SB17.14588.0
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 490.00
City Kings Park	State NY	Zip Code 11754
Purpose of Disbursement Expense Reimbursement	Category/ Type 001	Transaction ID : SB17.14845
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 01	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address Smithtown		Amount of Each Disbursement this Period 490.00
City Smithtown	State NY	Zip Code 11787
Purpose of Disbursement Stamps	Category/ Type 004	Transaction ID : SB17.14845.0
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: NY District: 01	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.00
<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 102 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Terri Malloy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 60 Lou Ave		Amount of Each Disbursement this Period 289.49 <b>Transaction ID : SB17.14821</b>
City Kings Park State NY Zip Code 11754	Purpose of Disbursement Expense Reimbursement 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 38.20 <b>Transaction ID : SB17.14821.1</b> <b>[MEMO ITEM]</b>
City Smithtown State NY Zip Code 11787	Purpose of Disbursement Lunch For Volunteers 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 39.60 <b>Transaction ID : SB17.14821.3</b> <b>[MEMO ITEM]</b>
City Smithtown State NY Zip Code 11787	Purpose of Disbursement Lunch For Volunteers 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	289.49
<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 103 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 30.40
City Smithtown	State NY	
Purpose of Disbursement Lunch For Volunteers	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14821.4  [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Buona Sera Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 88 E.Main St		Amount of Each Disbursement this Period 60.75
City Smithtown	State NY	
Purpose of Disbursement Lunch For Volunteers	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14821.5  [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Nancy Marks</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 47 Flintlock Drive		Amount of Each Disbursement this Period 4000.00
City Shirley	State NY	
Purpose of Disbursement Financial Consulting	Category/ Type 001	
Candidate Name <b>Zeldin For Congress</b>		Transaction ID : SB17.14552
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 104 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Marie Masters</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 6 Lark Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.15293</b>
City Centereach	State NY	
Purpose of Disbursement Volunteer Coordinator	001	Category/ Type
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. Marie Masters</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 6 Lark Drive		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.15291</b>
City Centereach	State NY	
Purpose of Disbursement Volunteer Coordinator	001	Category/ Type
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. Gene Nally</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 107 San Juan Drive		Amount of Each Disbursement this Period 211.19 <b>Transaction ID : SB17.14600</b>
City Hauppauge	State NY	
Purpose of Disbursement Expense Reimbursement	001	Category/ Type
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1211.19
<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 105 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)  
**A. Nova List**

Mailing Address 13755 Sunrise Valley Dr  
Suite 450

City Herndon State VA Zip Code 20171

Purpose of Disbursement List Rental & Maintenance

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 5040.00

Transaction ID : SB17.15272

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Oorbeek Morehouse Strategies, LLC**

Mailing Address 5614 Garnetts Farm Drive

City Haymarket State VA Zip Code 20169

Purpose of Disbursement Fundraising Consultant

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 24 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.14536

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. PDQ Print and Mail Services**

Mailing Address P.O Box 245

City Bohemia State NY Zip Code 11716

Purpose of Disbursement Door Hangers

Candidate Name **Zeldin For Congress**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 10 / 31 / 2014

Amount of Each Disbursement this Period: 9750.00

Transaction ID : SB17.14513

Category/Type: 006

**SUBTOTAL** of Disbursements This Page (optional)..... 16790.00

**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 106 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	7875.11
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.14514</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	6737.25
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.15342</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	12677.46
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.15347</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27289.82
<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 107 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	6983.37
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.15350</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. PDQ Print and Mail Services</b>		M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address P.O Box 245		Amount of Each Disbursement this Period
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Postage/Mail/Letters/Print	3516.63
Candidate Name Zeldin For Congress	Category/Type 006	<b>Transaction ID : SB17.15351</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>c. Poland Spring</b>		M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O Box 856192		Amount of Each Disbursement this Period
City Louisville State KY Zip Code 40285	Purpose of Disbursement Water for the Office	94.66
Candidate Name Zeldin For Congress	Category/Type 001	<b>Transaction ID : SB17.14541</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10594.66
<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 108 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. PSEG Long Island</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address P.O. Box 888		Amount of Each Disbursement this Period 289.25 <b>Transaction ID : SB17.14893</b>
City Hicksville	State NY	
Zip Code 11802	Purpose of Disbursement Electric Bill 2014 General	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Riverhead Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 1428		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.14677</b>
City Riverhead	State NY	
Zip Code 11901	Purpose of Disbursement Rent for Riverhead Office	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. Sisk Mailing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 1065.00 <b>Transaction ID : SB17.15285</b>
City Stevensville	State MD	
Zip Code 21666	Purpose of Disbursement 2014 General Expense---Printing and Mailshop	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1704.25
<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 109 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Sisk Mailing Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 203 Log Canoe Circle		Amount of Each Disbursement this Period 7.47 <b>Transaction ID : SB17.15287</b>
City Stevensville State MD Zip Code 21666	Purpose of Disbursement 2014 General Expense--Shipping Expense 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Smithtown Messenger</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 127 E.Main St		Amount of Each Disbursement this Period 1270.00 <b>Transaction ID : SB17.14553</b>
City Smithtown State NY Zip Code 11787	Purpose of Disbursement Advertising-Newspaper Ads 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Southwest Publishing &amp; Mailing Corp</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4000 SE Adams St		Amount of Each Disbursement this Period 4303.00 <b>Transaction ID : SB17.15288</b>
City Topeka State KS Zip Code 66609	Purpose of Disbursement 2014 General Expense---Printing and Mailshop 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5580.47
<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 110 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Square Inc</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1455 Market Street Ste 600		Amount of Each Disbursement this Period 780.13 <b>Transaction ID : SB17.15346</b>
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Credit Card Fees on donations	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>B. Staples Stony Brook</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2014
Mailing Address 2100 Nesconset Highway		Amount of Each Disbursement this Period 121.35 <b>Transaction ID : SB17.14702</b>
City Stony Brook	State NY	
Zip Code 11790	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

Full Name (Last, First, Middle Initial) <b>c. The East Hampton Star</b>		Date of Disbursement MM / DD / YYYY 10 / 24 / 2014
Mailing Address P.O. Box 5002		Amount of Each Disbursement this Period 1240.00 <b>Transaction ID : SB17.14523</b>
City E.Hampton	State NY	
Zip Code 11937	Purpose of Disbursement Advertising-Newspaper Ads	Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2141.48
<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 111 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Dominick Thorne</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>27 East 4th Street</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB17.14566</b>
City <b>Patchogue</b> State <b>NY</b> Zip Code <b>11772</b>	Purpose of Disbursement <b>Headquarters Coordinator</b> Category/Type <b>001</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. Times Beacon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>P.O. Box 707</b>		Amount of Each Disbursement this Period <b>1075.00</b> <b>Transaction ID : SB17.14544</b>
City <b>Setauket</b> State <b>NY</b> Zip Code <b>11733</b>	Purpose of Disbursement <b>Advertising-Newspaper Ads</b> Category/Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>c. Times Review News Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>7785 Main Rd P.O. Box 1500</b>		Amount of Each Disbursement this Period <b>1110.00</b> <b>Transaction ID : SB17.14546</b>
City <b>Mattituck</b> State <b>NY</b> Zip Code <b>11952</b>	Purpose of Disbursement <b>Advertising-Newspaper Ads</b> Category/Type <b>004</b>	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NY</b> District: <b>01</b>	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3185.00</b>
<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 112 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Tri-State Envelope Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address Box 443		Amount of Each Disbursement this Period 1828.29 <b>Transaction ID : SB17.15270</b>
City Beltsville	State MD	
Purpose of Disbursement 2014 General Expense---Printing and Mailing		Category/ Type 007
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 980.00 <b>Transaction ID : SB17.15343</b>
City Shirley	State NY	
Purpose of Disbursement Postage stamps for mailing		Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 980.00 <b>Transaction ID : SB17.15344</b>
City Shirley	State NY	
Purpose of Disbursement Postage stamps for mailing		Category/ Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3788.29
<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 113 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 48.00 <b>Transaction ID : SB17.14697</b>
City Shirley	State NY Zip Code 11967	
Purpose of Disbursement Opened a new P.O. Box		Category/Type 001
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : SB17.14700</b>
City Shirley	State NY Zip Code 11967	
Purpose of Disbursement Stamps		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 800 Montauk Highway		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : SB17.14701</b>
City Shirley	State NY Zip Code 11967	
Purpose of Disbursement Stamps		Category/Type 004
Candidate Name <b>Zeldin For Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	587.00
<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 114 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 20130 Lakeview Center Plaza		Amount of Each Disbursement this Period 11215.74 <b>Transaction ID : SB17.15283</b>
City Ashburn State VA Zip Code 20147	Purpose of Disbursement 2014 General Expense--Postage & Delivery 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 20130 Lakeview Center Plaza		Amount of Each Disbursement this Period 45.88 <b>Transaction ID : SB17.15284</b>
City Ashburn State VA Zip Code 20147	Purpose of Disbursement 2014 General Expense--Shipping Expense 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 74.99 <b>Transaction ID : SB17.14526</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone Bill 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11336.61
<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 115 OF 125			
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 47.49 <b>Transaction ID : SB17.14529</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 571.96 <b>Transaction ID : SB17.14530</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phones 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address P.O Box 15124		Amount of Each Disbursement this Period 630.52 <b>Transaction ID : SB17.14894</b>
City Albany State NY Zip Code 12212	Purpose of Disbursement Cell Phone Bills 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1249.97
<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 116 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Villa Grazia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1665 Middle Country Road		Amount of Each Disbursement this Period 90.35 <b>Transaction ID : SB17.14723</b>
City State Zip Code Centereach NY 11720	Purpose of Disbursement Lunch for Volunteers 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. Waldbaums</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 245 New York 25A		Amount of Each Disbursement this Period 799.18 <b>Transaction ID : SB17.14705</b>
City State Zip Code Rocky Point NY 11778	Purpose of Disbursement Election Day Food for Volunteers 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>c. Washington Intelligence Bureau</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 2845.76 <b>Transaction ID : SB17.15273</b>
City State Zip Code Chantilly VA 20151	Purpose of Disbursement Caging and Escrow 001 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3735.29
<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 117 OF 125	
	<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)  
**Zeldin For Congress**

Full Name (Last, First, Middle Initial) <b>A. Washington Intelligence Bureau</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 4128 Pepsi Place		Amount of Each Disbursement this Period 36.32 <b>Transaction ID : SB17.15274</b>
City Chantilly State VA Zip Code 20151	Purpose of Disbursement Shipping Expense 007 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. WLNG</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 1498.00 <b>Transaction ID : SB17.14517</b>
City Sag Harbor State NY Zip Code 11963	Purpose of Disbursement Commercial Ad 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>C. WRIV</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O. Box 1390		Amount of Each Disbursement this Period 280.00 <b>Transaction ID : SB17.14539</b>
City Riverhead State NY Zip Code 11901	Purpose of Disbursement Air Time 004 Category/Type	
Candidate Name <b>Zeldin For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: NY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1814.32
<b>TOTAL</b> This Period (last page this line number only).....	422845.57

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

(Use separate schedule(s) for each numbered line)	PAGE 118 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate--Data Capture--Vets/ITB
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15309</b>	
Amount Incurred This Period 1261.44	Payment This Period 0.00	Outstanding Balance at Close of This Period 1261.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate---Survey Capture
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15315</b>	
Amount Incurred This Period 1066.42	Payment This Period 0.00	Outstanding Balance at Close of This Period 1066.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>	Nature of Debt (Purpose): Estimate---Trump Call
Mailing Address 2300 Clarendon Blvd Ste 303	
City State Zip Code Arlington VA 22201	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15314</b>	
Amount Incurred This Period 1946.68	Payment This Period 0.00	Outstanding Balance at Close of This Period 1946.68

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	4274.54
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>		Nature of Debt (Purpose): Estimate---Volunteer Calls/Romney Call/McCain Call/GOTV
Mailing Address 2300 Clarendon Blvd Ste 303		
City	State	Zip Code
Arlington	VA	22201

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15307</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="16347.06"/>	<input type="text" value="0.00"/>	<input type="text" value="16347.06"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Eric Amidon</b>		Nature of Debt (Purpose): Paid Expenses for Gas Cards
Mailing Address 7 Meadowgrass Lane		
City	State	Zip Code
Southampton	NY	11968

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15328</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="600.00"/>	<input type="text" value="0.00"/>	<input type="text" value="600.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Brabender Cox LLC</b>		Nature of Debt (Purpose): Digital Media
Mailing Address 1218 Grandview Avenue		
City	State	Zip Code
Pittsburgh	PA	15211

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15329</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="7512.60"/>	<input type="text" value="0.00"/>	<input type="text" value="7512.60"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="24459.66"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)

**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Campaigns Unlimited</b>		Nature of Debt (Purpose): Travel Reimbursement Expenses
Mailing Address 47 Flintlock Drive		
City	State	Zip Code
Shirley	NY	11967

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15336</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="822.94"/>	<input type="text" value="0.00"/>	<input type="text" value="822.94"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jennifer Disiena</b>		Nature of Debt (Purpose): Cell Phone Bill--Train Tickets
Mailing Address 22 Pine Dr		
City	State	Zip Code
Woodbury	NY	11797

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15335</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="141.50"/>	<input type="text" value="0.00"/>	<input type="text" value="141.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>James Emanuele</b>		Nature of Debt (Purpose): Drivers
Mailing Address 207 Gibbs Pond Road		
City	State	Zip Code
Nesconset	NY	11767

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15338</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1500.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="2464.44"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



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

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>HSP Direct</b>		Nature of Debt (Purpose): Estimate---Direct Mail
Mailing Address 13755 Sunrise Valley Dr Suite 450		
City State	Zip Code	
Herndon VA	20171	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15337</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="13026.16"/>	<input type="text" value="0.00"/>	<input type="text" value="13026.16"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>JPA Studio</b>		Nature of Debt (Purpose): Photography Services
Mailing Address 48 Birchwood Rd		
City State	Zip Code	
Coram NY	11727	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15318</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Majority Strategies</b>		Nature of Debt (Purpose): Zeldin Doorhanger Design
Mailing Address 135 Professional Drive Suite 104		
City State	Zip Code	
Ponte Vedra Beach FL	32082	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15306</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="750.00"/>	<input type="text" value="0.00"/>	<input type="text" value="750.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="15776.16"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)

**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Nancy Marks</b>	Nature of Debt (Purpose): Hotel Accomodations Reimbursement
Mailing Address 47 Flintlock Drive	
City State Zip Code Shirley NY 11967	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15334</b>	
Amount Incurred This Period 370.14	Payment This Period 0.00	Outstanding Balance at Close of This Period 370.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McLaughlin &amp; Associates Inc</b>	Nature of Debt (Purpose): Polling Consultants/Surveys
Mailing Address 566 South Route 303	
City State Zip Code Blauvelt NY 10913	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15322</b>	
Amount Incurred This Period 13413.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13413.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McLaughlin &amp; Associates Inc</b>	Nature of Debt (Purpose): Estimate--Survey/Interviews
Mailing Address 566 South Route 303	
City State Zip Code Blauvelt NY 10913	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.15323</b>	
Amount Incurred This Period 9427.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9427.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	23210.14
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>North Fork Express</b>		Nature of Debt (Purpose): Campaign Bus used for Volunteers and guests for Fundraisers
Mailing Address 14 Hawkins Ave		
City State	Zip Code	
Ronkonkoma	NY 11779	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15320</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1996.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1996.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oorbeek Morehouse Strategies, LLC</b>		Nature of Debt (Purpose): Expenses For Fundraisers
Mailing Address 5614 Garnetts Farm Drive		
City State	Zip Code	
Haymarket	VA 20169	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15319</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1920.89"/>	<input type="text" value="0.00"/>	<input type="text" value="1920.89"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oorbeek Morehouse Strategies, LLC</b>		Nature of Debt (Purpose): Washington Fundraising Consultant
Mailing Address 5614 Garnetts Farm Drive		
City State	Zip Code	
Haymarket	VA 20169	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15327</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7916.89"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full)  
**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PDQ Print and Mail Services</b>		Nature of Debt (Purpose): Campaign poster double sided
Mailing Address P.O Box 245		
City	State	Zip Code
Bohemia	NY	11716

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15294</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="375.00"/>	<input type="text" value="0.00"/>	<input type="text" value="375.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Riverhead Town Republican Committee</b>		Nature of Debt (Purpose): Last Months Rent
Mailing Address 47 Further Lane		
City	State	Zip Code
Riverhead	NY	11901

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15326</b>	
<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>Jim Soviero</b>		Nature of Debt (Purpose): Driver
Mailing Address 24 Gaul Rd S		
City	State	Zip Code
E.Setauket	NY	11733

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.15340</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="750.00"/>	<input type="text" value="0.00"/>	<input type="text" value="750.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1475.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Zeldin For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Strategic Advance Service LLC**

Nature of Debt (Purpose):  
Security for Boehner Fundraiser

Mailing Address 611 Pennsylvania Ave SE #267

City State Zip Code  
Washington DC 20003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.15311

Amount Incurred This Period

5500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Strategic Advance Service LLC**

Nature of Debt (Purpose):  
Fundraiser with Boehner

Mailing Address 611 Pennsylvania Ave SE #267

City State Zip Code  
Washington DC 20003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.15310

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Polling Company**

Nature of Debt (Purpose):  
Polling Consultant

Mailing Address 1220 Connecticut Ave NW

City State Zip Code  
Washington DC 20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.15312

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

13000.00

92576.83

0.00

92576.83