

# 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

Collins for Congress

ADDRESS (number and street)

PO Box 386

Check if different than previously reported. (ACC)

Clarence

NY

14031-0386

2. FEC IDENTIFICATION NUMBER ▼

C C00520379

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

27

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 2015

through

M M /

D D /

Y Y Y Y 2015

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 Jocelyn Jakubus

Signature of Treasurer Jocelyn Jakubus

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Collins for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	134325	159525
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	134325	159525
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	40458.5	68624.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	4634.2
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	40458.5	63990.59
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	699160.3	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	500000	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Collins for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	91000	91000
(ii) Unitemized.....	0	6700
(iii) TOTAL of contributions from individuals ▶	91000	97700
(b) Political Party Committees.....	1000	1000
(c) Other Political Committees (such as PACs).....	42325	60825
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	134325	159525
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0	4634.2
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	2500
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	134325	166659.2

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	40458.5	68624.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	5500	5500
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	45958.5	74124.79

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	610793.8
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	134325
25. SUBTOTAL (add Line 23 and Line 24).....	745118.8
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45958.5
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	699160.3

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 65
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Collins for Congress**

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

Mailing Address 168 Parwood Train

City Depew State NY Zip Code 14043

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

Name of Employer Ryerson Steel Co Occupation General Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11330**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 125 Main Street

City Buffalo State NY Zip Code 14203-3070

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

Name of Employer Phillips Lytle Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-PIP661**

Amount of Each Receipt this Period  
**2700**

**[MEMO ITEM]**  
Partnership Itemization Memo

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

Mailing Address 2570 Walden Avenue

City Cheektowaga State NY Zip Code 14225-4738

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

Name of Employer Burgio & Campofelice Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11336**

Amount of Each Receipt this Period  
**500**

**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: (check only one)	PAGE 6 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 350 Park Avenue  
Floor 11

City State Zip Code  
New York NY 10022-6022

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

Name of Employer Occupation  
Ziff Brothers Investments Co-chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11296**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Carl M Balmas**

Mailing Address 143 Brockmoore Drive

City State Zip Code  
East Amherst NY 14051-2138

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

Name of Employer Occupation  
North American For Life Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : A-CF11326**

Amount of Each Receipt this Period  
**125**

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

Mailing Address 3615 Lake Avenue

City State Zip Code  
Blasdell NY 14219-1509

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

Name of Employer Occupation  
NA Disabled

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : A-CF11325**

Amount of Each Receipt this Period  
**10**

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

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

**2835.00**

**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 7 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 151 Jackman Lane

City State Zip Code  
Elma NY 14059-9444

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

Name of Employer Occupation  
Advanced Cardiac Surgical Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : A-CF11285**

Amount of Each Receipt this Period  
2700

**B.** Full Name (Last, First, Middle Initial)  
**Richard Young**

Mailing Address 44 Lakeside Crescent

City State Zip Code  
Lancaster NY 14086-2645

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

Name of Employer Occupation  
Performance Advantage Co. CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : A-CF11318**

Amount of Each Receipt this Period  
2700

**C.** Full Name (Last, First, Middle Initial)  
**Charles Wiles III**

Mailing Address 670 Baseline Road

City State Zip Code  
Grand Island NY 14072-2535

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

Name of Employer Occupation  
UB Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2015

**Transaction ID : A-CF11333**

Amount of Each Receipt this Period  
500

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address **PO Box 92**

City **Forestburgh** State **NY** Zip Code **12777-0092**

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

Name of Employer **WNY & Pennsylvania Railroad** Occupation **Chairman & CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2015**

**Transaction ID : A-CF11347**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Reszka**

Mailing Address **3615 Lake Avenue**

City **Blasdell** State **NY** Zip Code **14219-1509**

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

Name of Employer **NA** Occupation **Disabled**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2015**

**Transaction ID : A-CF11244**

Amount of Each Receipt this Period  
**10**

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

Mailing Address **6543 Ashford Court**

City **East Amherst** State **NY** Zip Code **14051-2811**

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

Name of Employer **Benchmark Group** Occupation **Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11361**

Amount of Each Receipt this Period  
**100**

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

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

**610.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 2085 Dunkley Road

City Leicester State NY Zip Code 14481-9732

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2015

**Transaction ID : A-CF11243**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Brian D Rusk**

Mailing Address 340 Wellingwood Drive

City East Amherst State NY Zip Code 14051-1753

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

Name of Employer WWKB Radio Occupation Public Affairs Host

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015

**Transaction ID : A-CF11229**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Timothy L Shay**

Mailing Address 58 Steinway Court

City Buffalo State NY Zip Code 14221-3360

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : A-CF11341**

Amount of Each Receipt this Period  
**100**

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

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

**400.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 6278 Gott Creek Trail

City East Amherst State NY Zip Code 14051-1951

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

Name of Employer RDI Occupation Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11349**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Brian D Rusk**

Mailing Address 340 Wellingwood Drive

City East Amherst State NY Zip Code 14051-1753

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

Name of Employer WWKB Radio Occupation Public Affairs Host

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : A-CF11240**

Amount of Each Receipt this Period  
**150**

**C.** Full Name (Last, First, Middle Initial)  
**Terry S. Galanis , Jr.**

Mailing Address 11370 Suemartom Court

City Marilla State NY Zip Code 14102-9707

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

Name of Employer Sealing Devices Inc. Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11354**

Amount of Each Receipt this Period  
**2700**

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

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

**5550.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 424 Main Street  
Room 2100

City Buffalo State NY Zip Code 14202-3620

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

Name of Employer Main Place Liberty Group Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : A-CF11242**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Basil-Fox**

Mailing Address 47 The Cmn

City Williamsville State NY Zip Code 14221-5818

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

Name of Employer NA Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11351**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Jemiolo , Jr.**

Mailing Address 610 Schultz Road

City Elma State NY Zip Code 14059-9260

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

Name of Employer Erie County Water Authority Occupation Administrative Assistant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2015**

**Transaction ID : A-CF11216**

Amount of Each Receipt this Period  
**125**

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

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

**5525.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 255 Timberlink Drive

City State Zip Code  
Grand Island NY 14072-2183

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

Name of Employer Occupation  
Jiffy-title company President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11315**

Amount of Each Receipt this Period  
**125**

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

Mailing Address 392 Paradise Road

City State Zip Code  
East Amherst NY 14051-1767

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

Name of Employer Occupation  
NA Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11319**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Stanley Blas , Jr.**

Mailing Address 120 Fox Meadow Lane

City State Zip Code  
Orchard Park NY 14127-2866

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

Name of Employer Occupation  
SJB Services President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11310**

Amount of Each Receipt this Period  
**125**

**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 13 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 133 Chatham Avenue

City State Zip Code  
Buffalo NY 14216-3138

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

Name of Employer Occupation  
LoTempio & Brown Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11304**

Amount of Each Receipt this Period  
**125**

**B.** Full Name (Last, First, Middle Initial)  
**Philip M Corwin**

Mailing Address 5151 Rockledge Drive

City State Zip Code  
Clarence NY 14031-2441

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

Name of Employer Occupation  
NA Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : A-CF11232**

Amount of Each Receipt this Period  
**2700**

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

Mailing Address 220 Sandringham Road

City State Zip Code  
Rochester NY 14610-3458

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

Name of Employer Occupation  
Falum Management Real Estate Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11293**

Amount of Each Receipt this Period  
**500**

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

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

**3325.00**

**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 14 OF 65

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

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

Mailing Address 578 Mill Road

City East Aurora State NY Zip Code 14052-2831

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11334**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Ralph Woodard**

Mailing Address 85 Ruskin Road

City East Aurora State NY Zip Code 14052-1449

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

Name of Employer Woodard Engineering Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11323**

Amount of Each Receipt this Period  
**125**

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Gozelski**

Mailing Address PO Box 331

City Silver Springs State NY Zip Code 14550-0331

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11312**

Amount of Each Receipt this Period  
**125**

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

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

**750.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 120 Cameron Street  
Apt. 202

City Alexandria State VA Zip Code 22314-3236

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

Name of Employer Williams & Jensen Occupation Principal, government affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : A-CF11254**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Guy Agostinelli**

Mailing Address 209 McNair Road

City Williamsville State NY Zip Code 14221-3717

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

Name of Employer Zdarsky Sawicki & Agostinelli Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A-CF11309**

Amount of Each Receipt this Period  
**125**

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

Mailing Address 7019 Draper Road

City Akron State NY Zip Code 14001-9498

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

Name of Employer Buffalo Metal Casting Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : A-CF11360**

Amount of Each Receipt this Period  
**125**

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

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

**750.00**

**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 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian D Rusk**

Mailing Address 340 Wellingwood Drive

City East Amherst State NY Zip Code 14051-1753

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

Name of Employer WWKB Radio Occupation Public Affairs Host

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF11266**

Amount of Each Receipt this Period  
**150**

**B.** Full Name (Last, First, Middle Initial)  
**Ryan Long**

Mailing Address 16 S Lexington Street

City Arlington State VA Zip Code 22204-1145

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

Name of Employer BGR Group Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : A-CF11256**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Chris A Graham**

Mailing Address 4087 Susan Drive

City Buffalo State NY Zip Code 14221-7319

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

Name of Employer Volland Electric Equipment Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : A-CF11235**

Amount of Each Receipt this Period  
**2700**

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

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

**3350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 670 Lagoon Road

City State Zip Code  
Vero Beach FL 32963-2259

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

Name of Employer Occupation  
Hudson Advisor Services, Inc Investment Advisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11284**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Daniel Manelli**

Mailing Address 4515 Willard Avenue  
Apt. S1121

City State Zip Code  
Chevy Chase MD 20815-3655

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

Name of Employer Occupation  
Self employed Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF11268**

Amount of Each Receipt this Period  
**25**

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

Mailing Address 23 Four Seasons Road W

City State Zip Code  
Buffalo NY 14226-4246

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

Name of Employer Occupation  
NOCO Energy Corp. Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11308**

Amount of Each Receipt this Period  
**500**

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

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

**3225.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 7 Lily Pond Lane

City Pittsford State NY Zip Code 14534-3907

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

Name of Employer Lily Pond Ventures, LLC Occupation Investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : A-CF11237**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Carmen Vacco**

Mailing Address 1505 Cain Road

City Angola State NY Zip Code 14006-9114

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

Name of Employer Self Employed Occupation Argiculture

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11291**

Amount of Each Receipt this Period  
**125**

**C.** Full Name (Last, First, Middle Initial)  
**Mark A. Davis**

Mailing Address 65 Rollingwood Street

City Williamsville State NY Zip Code 14221-1833

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11337**

Amount of Each Receipt this Period  
**2700**

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

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

**5525.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 47 The Cmn

City Buffalo State NY Zip Code 14221-5818

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

Name of Employer Conax Technologies Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : A-CF11350**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Wayne D. Wisbaum**

Mailing Address 726 Exchange Street Suite 800

City Buffalo State NY Zip Code 14210-1465

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

Name of Employer Kavinoky Cook Occupation Senior Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : A-CF11344**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 15 Forest Lake Drive

City North Tonawanda State NY Zip Code 14120-3710

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

Name of Employer Masiello, Martucci Calabrese Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : A-CF11359**

Amount of Each Receipt this Period  
**125**

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

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

**2925.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 3615 Lake Avenue

City State Zip Code  
Blasdell NY 14219-1509

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

Name of Employer Occupation  
NA Disabled

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 05 / 2015**

**Transaction ID : A-CF11245**

Amount of Each Receipt this Period  
**10**

**B.** Full Name (Last, First, Middle Initial)  
**Peter C Grollitsch**

Mailing Address PO Box 875

City State Zip Code  
Williamsville NY 14231-0875

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

Name of Employer Occupation  
NA Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11340**

Amount of Each Receipt this Period  
**125**

**C.** Full Name (Last, First, Middle Initial)  
**Kirk Graham**

Mailing Address 6423 Kevinton Place

City State Zip Code  
Boston NY 14025-9642

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

Name of Employer Occupation  
Volland Electric Equipment Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11355**

Amount of Each Receipt this Period  
**2700**

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

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

**2835.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address PO Box 612

City Lockport State NY Zip Code 14095-0612

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11335**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Sloma-Haberman**

Mailing Address 3555 Kelsey Lane

City North Tonawanda State NY Zip Code 14120-3614

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

Name of Employer Niagara County Occupation Deputy Commissioner of Social Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : A-CF11329**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Amelia Habib**

Mailing Address 845 Lebrun Road

City Buffalo State NY Zip Code 14226-4206

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : A-CF11278**

Amount of Each Receipt this Period  
**200**

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

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

**350.00**

**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 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gerard J. Sentz**

Mailing Address 218 Shetland Drive

City Williamsville State NY Zip Code 14221-4732

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11332**

Amount of Each Receipt this Period  
**125**

**B.** Full Name (Last, First, Middle Initial)  
**Annie Lawrence**

Mailing Address 2495 Brown Road

City Corfu State NY Zip Code 14036-9697

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

Name of Employer Occupation  
Town of Pembroke Supervisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11292**

Amount of Each Receipt this Period  
**25**

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

Mailing Address 679 Busti Avenue

City Buffalo State NY Zip Code 14213-2404

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

Name of Employer Occupation  
C.S. Behler Inc Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2015**

**Transaction ID : A-CF11345**

Amount of Each Receipt this Period  
**25**

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

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

**175.00**

**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 23 OF 65
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>Mark E Hamister</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015
Mailing Address 136 Harbridge Manor		<b>Transaction ID : A-CF11267</b>
City Williamsville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700
Name of Employer Hamister Group	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	

Full Name (Last, First, Middle Initial) <b>James Gardner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2015
Mailing Address 24 Greenwood Place		<b>Transaction ID : A-CF11301</b>
City Buffalo	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125
Name of Employer Erie County	Occupation Lawyer	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125	

Full Name (Last, First, Middle Initial) <b>John Davis Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 26 / 2015
Mailing Address PO Box 390		<b>Transaction ID : A-CF11346</b>
City Akron	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700
Name of Employer I Squared R Element Co.	Occupation President	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5525.00
<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 65
	<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)  
**Collins for Congress**

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

Mailing Address 9642 Cobblestone Drive

City State Zip Code  
Clarence NY 14031-1576

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

Name of Employer Occupation  
Ford Gum & Machine Co Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11357**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Richard Shine**

Mailing Address 8100 Clarence Center Road

City State Zip Code  
East Amherst NY 14051-1986

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

Name of Employer Occupation  
Manatoba Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11358**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Sinatra**

Mailing Address 38 Nassau Avenue

City State Zip Code  
Kenmore NY 14217-2118

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

Name of Employer Occupation  
Sinatra & Company President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : A-CF11327**

Amount of Each Receipt this Period  
**2700**

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

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address **PO Box 565**

City **Hamburg** State **NY** Zip Code **14075-0565**

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

Name of Employer **APEX** Occupation **Partner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11320**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Ralph V Showalter**

Mailing Address **9625 The Maples**

City **Clarence** State **NY** Zip Code **14031-1591**

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

Name of Employer **Buffalo Tungsten Corp** Occupation **President**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11300**

Amount of Each Receipt this Period  
**2700**

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

Mailing Address **1051 Upper Mountain Road**

City **Lewiston** State **NY** Zip Code **14092-2240**

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

Name of Employer **Fisher Associates** Occupation **Principal**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11307**

Amount of Each Receipt this Period  
**250**

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

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

**5650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address **PO Box 29**

City **Holland** State **NY** Zip Code **14080-0029**

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

Name of Employer **Holland Aurora Construction** Occupation **General Contractor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11322**

Amount of Each Receipt this Period  
**200**

**B.** Full Name (Last, First, Middle Initial)  
**Reginald Newman , II**

Mailing Address **65 Briarhill Road**

City **Williamsville** State **NY** Zip Code **14221-1808**

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

Name of Employer **NA** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11316**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Phillips Lytle, LLP**

Mailing Address **One Canalside**  
**125 Main Street**

City **Buffalo** State **NY** Zip Code **14203**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11338**

Amount of Each Receipt this Period  
**2700**

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

**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 27 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 14 Darwin Avenue

City Takoma Park State MD Zip Code 20912-4241

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

Name of Employer Crossroads Strategies Occupation Lobbyist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF11258**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Frank B. Silvestro**

Mailing Address 10470 Tillman Road

City Clarence State NY Zip Code 14031-2321

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

Name of Employer Ecology & Environment Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : A-CF11233**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Kelly Childress**

Mailing Address 207 S Royal Street

City Alexandria State VA Zip Code 22314-3329

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

Name of Employer East End Group Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11250**

Amount of Each Receipt this Period  
**500**

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

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

**3700.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address Supermarket Management, Inc.  
460 Niagara Street

City Buffalo State NY Zip Code 14201

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

Name of Employer Supermarket Management Inc Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : A-CF11321**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Todd Brason**

Mailing Address 58 Tudor Place

City Buffalo State NY Zip Code 14222-1616

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

Name of Employer WillCare Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : A-CF11283**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Fred Coon, Jr.**

Mailing Address 741 Winspear Road

City Elma State NY Zip Code 14059-9436

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

Name of Employer Elma Press Occupation Printer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : A-CF11363**

Amount of Each Receipt this Period  
**50**

**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 29 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 282 Potters Road

City Buffalo State NY Zip Code 14220-2526

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

Name of Employer Ellicott Development Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : A-CF11356**

Amount of Each Receipt this Period  
 2000

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

Mailing Address 4455 Genesee Street

City Cheektowaga State NY Zip Code 14225-1955

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

Name of Employer Calspan Corp. Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015

**Transaction ID : A-CF11231**

Amount of Each Receipt this Period  
 2700

**C.** Full Name (Last, First, Middle Initial)  
**Elaine Wolfe**

Mailing Address 10110 Greiner Road

City Clarence State NY Zip Code 14031-1375

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

Name of Employer Elaine Wolfe Design Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : A-CF11331**

Amount of Each Receipt this Period  
 200

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

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

4900.00

**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 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anthony J. Colucci, Jr.**

Mailing Address 350 Main Street  
Suite 1400

City Buffalo State NY Zip Code 14202-3750

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

Name of Employer Block & Colucci Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11339**

Amount of Each Receipt this Period  
**125**

**B.** Full Name (Last, First, Middle Initial)  
**Dennis M Powers**

Mailing Address 140 Valley View Drive

City Elma State NY Zip Code 14059-9261

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

Name of Employer Town of Elma Occupation Supervisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : A-CF11281**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Gerald Hace**

Mailing Address 5568 Davison Road

City Lockport State NY Zip Code 14094-9090

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

Name of Employer Gooding Co. Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2015**

**Transaction ID : A-CF11252**

Amount of Each Receipt this Period  
**250**

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

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

**425.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 88 Highland Avenue

City Buffalo State NY Zip Code 14222-1814

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

Name of Employer Paul William Beltz PC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 17 / 2015**

**Transaction ID : A-CF11317**

Amount of Each Receipt this Period  
**200**

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

Mailing Address 14741 Bagdad Road  
Route 62

City Gowanda State NY Zip Code 14070-9755

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

Name of Employer Custom Auto Truck Service Occupation Auto tech

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2015**

**Transaction ID : A-CF11218**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Kent Frey**

Mailing Address 5329 Green Valley Drive

City Clarence State NY Zip Code 14031-1232

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

Name of Employer Frey Electric Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : A-CF11234**

Amount of Each Receipt this Period  
**2700**

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

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

**2925.00**

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 501B N Forest Road

City State Zip Code  
Williamsville NY 14221-5059

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

Name of Employer Occupation  
MDI Business Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : A-CF11303**

Amount of Each Receipt this Period  
1000

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

Mailing Address 16 Gennis Drive

City State Zip Code  
Rochester NY 14625-2637

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

Name of Employer Occupation  
Self Security Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : A-CF11305**

Amount of Each Receipt this Period  
125

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

Mailing Address 7 Lily Pond Lane

City State Zip Code  
Pittsford NY 14534-3907

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

Name of Employer Occupation  
Lily Pond Ventures, LLC Investments

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

**Transaction ID : A-CF11238**

Amount of Each Receipt this Period  
2700

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

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

3825.00

**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 65
	<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)  
**Collins for Congress**

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

Mailing Address 3615 Lake Avenue

City: **Blasdell** State: **NY** Zip Code: **14219-1509**

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

Name of Employer: **NA** Occupation: **Disabled**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **100**

Date of Receipt: **02 / 17 / 2015**

**Transaction ID : A-CF11239**

Amount of Each Receipt this Period: **10**

**B.** Full Name (Last, First, Middle Initial)  
**Donald Maricle**

Mailing Address 3625 Seneca Street

City: **West Seneca** State: **NY** Zip Code: **14224-3452**

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

Name of Employer: **C&M Capitaql Resources, Inc.** Occupation: **Financial Planner**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **125**

Date of Receipt: **02 / 24 / 2015**

**Transaction ID : A-CF11230**

Amount of Each Receipt this Period: **125**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Rich , Jr.**

Mailing Address 81100 Old Highway

City: **Islamorada** State: **FL** Zip Code: **33036-3715**

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

Name of Employer: **Rich Products** Occupation: **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **2700**

Date of Receipt: **03 / 09 / 2015**

**Transaction ID : A-CF11348**

Amount of Each Receipt this Period: **2700**

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

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

**2835.00**

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

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

FOR LINE NUMBER: PAGE 34 OF 65  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

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

Mailing Address 3529 Malvern Court

City Alexandria State VA Zip Code 22304-1852

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

Name of Employer Aren't Fox LLP Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11290**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**WD Management, LLC**

Mailing Address 375 Essjay Road Suite 200

City Williamsville State NY Zip Code 14221-5761

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11314**

Amount of Each Receipt this Period  
**500**  
 Partnership for tax purposes

**C.** Full Name (Last, First, Middle Initial)  
**Richard Tocha**

Mailing Address 5279 Willow Lake Court

City Clarence State NY Zip Code 14031-1227

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

Name of Employer Self Occupation Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : A-CF11277**

Amount of Each Receipt this Period  
**100**

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

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

**850.00**

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

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

FOR LINE NUMBER: PAGE 35 OF 65  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

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

Mailing Address 3615 Lake Avenue

City State Zip Code  
Blasdell NY 14219-1509

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

Name of Employer Occupation  
NA Disabled

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : A-CF11241**

Amount of Each Receipt this Period  
**10**

**B.** Full Name (Last, First, Middle Initial)  
**Emilio Colaiacovo**

Mailing Address 6260 Creekhaven Drive

City State Zip Code  
East Amherst NY 14051-2078

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

Name of Employer Occupation  
Bouvier Partnership Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11313**

Amount of Each Receipt this Period  
**125**

**C.** Full Name (Last, First, Middle Initial)  
**Kenneth Hann**

Mailing Address 8 Old Settlers Drive

City State Zip Code  
Pittsford NY 14534-4625

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

Name of Employer Occupation  
NA Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11302**

Amount of Each Receipt this Period  
**125**

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

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

**260.00**

**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 36 OF 65
	<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)  
**Collins for Congress**

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

Mailing Address 11 Harding Avenue

City Lockport State NY Zip Code 14094-6020

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

Name of Employer The Reid Group Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2015

**Transaction ID : A-CF11353**

Amount of Each Receipt this Period  
**2700**

**B.** Full Name (Last, First, Middle Initial)  
**Excelsior Orthopaedics, LLP**

Mailing Address 3925 Sheridan Drive Suite 200

City Amherst State NY Zip Code 14226-1738

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A-CF11306**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1550 Colvin Boulevard

City Buffalo State NY Zip Code 14223-1120

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

Name of Employer NA Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : A-CF11343**

Amount of Each Receipt this Period  
**125**

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

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

**3325.00**

**91000.00**

**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 65  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Livonia Republican Committee**

Mailing Address 4863 S Livonia Road

City Livonia State NY Zip Code 14487-9563

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11362**

Amount of Each Receipt this Period  
**50**  
 From permissible funds

**B.** Full Name (Last, First, Middle Initial)  
**Livingston County Republican Committee**

Mailing Address PO Box 123

City Geneseo State NY Zip Code 14454-0123

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF11270**

Amount of Each Receipt this Period  
**200**  
 From permissible funds

**C.** Full Name (Last, First, Middle Initial)  
**Orleans County Republican Committee**

Mailing Address 3132 Hulberton Road

City Holley State NY Zip Code 14470-9371

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : A-CF11328**

Amount of Each Receipt this Period  
**500**  
 From permissible funds

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

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

**750.00**

**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 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Erie County Republican Finance Committee**

Mailing Address 715 Main Street  
Suite 102

City Buffalo State NY Zip Code 14203-1321

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11311**

Amount of Each Receipt this Period  
**250**  
 From 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 M / D 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

**250.00**

**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 39 OF 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Marc Smith**

Mailing Address 7230 Woodhaven Drive

City Lockport State NY Zip Code 14094-6243

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **125**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 02 / 2015**

**Transaction ID : A-CF11342**

Amount of Each Receipt this Period  
**125**  
 From permissible funds

**B.** Full Name (Last, First, Middle Initial)  
**NFG FEDPAC**

Mailing Address 10 Lafayette Square

City Buffalo State NY Zip Code 14203-1824

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : A-CF11352**

Amount of Each Receipt this Period  
**2700**

**C.** Full Name (Last, First, Middle Initial)  
**Boeing Company PAC**

Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF11269**

Amount of Each Receipt this Period  
**1000**

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

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

**3825.00**

**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 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Academy Of Neurology Brainpac**

Mailing Address 509B 2nd Street NE  
Lower LEVEL

City Washington State DC Zip Code 20002-4916

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : A-CF11275**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**American Dental PAC**

Mailing Address 1111 14th Street NW  
Suite 1100

City Washington State DC Zip Code 20005-5627

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : A-CF11294**

Amount of Each Receipt this Period  
 2500

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

Mailing Address 1310 G Street NW  
Front 12

City Washington State DC Zip Code 20005-3007

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : A-CF11280**

Amount of Each Receipt this Period  
 1000

**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 41 OF 65	
	<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)  
**Collins for Congress**

**A. National Propane Gas Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1899 L Street NW  
Suite 350  
City Washington State DC Zip Code 20036-3870

FEC ID number of contributing federal political committee. **C C00079681**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : A-CF11289**

Amount of Each Receipt this Period  
1000

**B. Republican Main Street PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1220 L Street NW  
Suite 100-263  
City Washington State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : A-CF11298**

Amount of Each Receipt this Period  
1000

**C. Air Line Pilots Assoc. Int'l PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1625 Massachusetts Avenue NW  
City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A-CF11272**

Amount of Each Receipt this Period  
2500

**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 42 OF 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address **The American Road**

City **Dearborn** State **MI** Zip Code **48121**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF11276**

Amount of Each Receipt this Period  
**2500**

**B.** Full Name (Last, First, Middle Initial)  
**Political Action Committee of the AAOS**

Mailing Address **317 Massachusetts Avenue NE**

City **Washington** State **DC** Zip Code **20002-5769**

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : A-CF11282**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Thermo Fisher Scientific Inc. PAC**

Mailing Address **81 Wyman Street**

City **Waltham** State **MA** Zip Code **02451-1223**

FEC ID number of contributing federal political committee. **C C00520379**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11287**

Amount of Each Receipt this Period  
**2500**

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

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

**6000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 65
	<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address **The American Road**

City **Dearborn** State **MI** Zip Code **48121**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF11265**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Honeywell International PAC**

Mailing Address **101 Constitution Avenue NW  
Suite 500 W**

City **Washington** State **DC** Zip Code **20001-2133**

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 13 / 2015**

**Transaction ID : A-CF11324**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**National Air Traffic Controllers Association Pac**

Mailing Address **1325 Massachusetts Avenue NW**

City **Washington** State **DC** Zip Code **20005-4171**

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : A-CF11263**

Amount of Each Receipt this Period  
 1000

**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 44 OF 65
	<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)  
**Collins for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Dte Energy Co. Pac - Federal**

Mailing Address 1 Energy Plaza  
Room 1583

City Detroit State MI Zip Code 48226-1221

FEC ID number of contributing federal political committee. **C C00081547**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : A-CF11279**

Amount of Each Receipt this Period  
**1000**

**B. Full Name (Last, First, Middle Initial)**  
**National Multi Housing Council Political Action Committee**

Mailing Address 1850 M Street NW  
Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11286**

Amount of Each Receipt this Period  
**2500**

**C. Full Name (Last, First, Middle Initial)**  
**National Association of Realtors PAC**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : A-CF11299**

Amount of Each Receipt this Period  
**500**

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

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

**4000.00**

**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 45 OF 65
	<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)  
**Collins for Congress**

**A. United States Telecom Association PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 607 14th Street NW  
 Suite 400  
 City Washington State DC Zip Code 20005-2073  
 FEC ID number of contributing federal political committee. **C C00000984**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A-CF11288**  
 Amount of Each Receipt this Period  
 1000

**B. Republican Main Street PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 L Street NW  
 Suite 100-263  
 City Washington State DC Zip Code 20005-4018  
 FEC ID number of contributing federal political committee. **C C00165159**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A-CF11297**  
 Amount of Each Receipt this Period  
 1000

**C. Arkema PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Market Street  
 City Philadelphia State PA Zip Code 19106-2805  
 FEC ID number of contributing federal political committee. **C C00182980**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A-CF11264**  
 Amount of Each Receipt this Period  
 1000

**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 46 OF 65
	<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)  
**Collins for Congress**

**A. Exelon Corporation Political Action Committee (exelon Pac)**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Avenue NW  
Suite 400 E

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A-CF11273**

Amount of Each Receipt this Period  
2500

**B. Tuesday Group PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 11586

City Washington State DC Zip Code 20008-0786

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

**Transaction ID : A-CF11295**

Amount of Each Receipt this Period  
2500

**C. AT&T Inc. Federal PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 208 S Akard Street  
Suite 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : A-CF11271**

Amount of Each Receipt this Period  
2500

**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 47 OF 65
<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)  
**Collins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ford Motor Company Civic Action Fund**

Mailing Address **The American Road**

City **Dearborn** State **MI** Zip Code **48121**

FEC ID number of contributing federal political committee. **C C00046474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 06 / 2015**

**Transaction ID : A-CF11215**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**National Association Of Broadcasters Political Action Committee (nabpac)**

Mailing Address **1771 N Street NW**

City **Washington** State **DC** Zip Code **20036-2800**

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2015**

**Transaction ID : A-CF11236**

Amount of Each Receipt this Period  
**1500**

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

Mailing Address **2980 Fairview Park Drive**

City **Falls Church** State **VA** Zip Code **22042-4511**

FEC ID number of contributing federal political committee. **C C00088591**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : A-CF11274**

Amount of Each Receipt this Period  
**2500**

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

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

**6000.00**

**42325.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 65			
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 229 W Genesee Street		Amount of Each Disbursement this Period 354.84 <b>Transaction ID : B-E-11226</b>
City Buffalo State NY Zip Code 14202-2604	Purpose of Disbursement Administrative/Salary/Overhead: Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jocelyn Jakubus</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 68 Brockett Drive		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-11221</b>
City Tonawanda State NY Zip Code 14223-1421	Purpose of Disbursement Finance consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Epiphany Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-11222</b>
City Alexandria State VA Zip Code 22301-1015	Purpose of Disbursement Fundraising consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6354.84
<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 49 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Epiphany Productions</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 7285.83 <b>Transaction ID : B-E-11207</b>
City Alexandria	State VA	
Zip Code 22301-1015	Purpose of Disbursement Fundraising consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Marketing Technologies of WNY</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 2495 Main Street Suite 454		Amount of Each Disbursement this Period 571.04 <b>Transaction ID : B-E-11223</b>
City Buffalo	State NY	
Zip Code 14214-2152	Purpose of Disbursement Campaign Event: Printing	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2015
Mailing Address 229 W Genesee Street		Amount of Each Disbursement this Period 266 <b>Transaction ID : B-E-11262</b>
City Buffalo	State NY	
Zip Code 14202-2604	Purpose of Disbursement PO Box fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8122.87
<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 50 OF 65			
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jocelyn Jakubus</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2015
Mailing Address 68 Brockett Drive		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-11220</b>
City Tonawanda	State NY	
Zip Code 14223-1421	Purpose of Disbursement Finance consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Marketing Technologies of WNY</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 2495 Main Street Suite 454		Amount of Each Disbursement this Period 1381.66 <b>Transaction ID : B-E-11208</b>
City Buffalo	State NY	
Zip Code 14214-2152	Purpose of Disbursement Other: Holiday card	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Buffalo Motor Car, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2015
Mailing Address 24 Myrtle Avenue		Amount of Each Disbursement this Period 3800 <b>Transaction ID : B-E-11261</b>
City Buffalo	State NY	
Zip Code 14204-2048	Purpose of Disbursement Campaign Event: Reception	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6181.66
<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 51 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015	
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 1230.71	
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : B-E-11246	
Purpose of Disbursement Credit card payment		Category/ Type 001	Original vendors exceeding reporting threshold itemized as memo transactions.	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Aristotle</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2015	
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 500	
City Washington	State DC	Zip Code 20003-1164	Transaction ID : B-S-543	
Purpose of Disbursement Monthly software		Category/ Type 001	[MEMO ITEM] Subitemization of American Express(01/20/15)	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Corner Bakery</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015	
Mailing Address 1425 K Street NW			Amount of Each Disbursement this Period 116.67	
City Washington	State DC	Zip Code 20005-3500	Transaction ID : B-S-546	
Purpose of Disbursement Event		Category/ Type 007	[MEMO ITEM] Subitemization of American Express(01/20/15)	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1230.71
<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 52 OF 65			
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Corner Bakery</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 1425 K Street NW		Amount of Each Disbursement this Period 178.88
City Washington	State DC	Zip Code 20005-3500
Purpose of Disbursement Event	Category/Type 007	
Candidate Name	Transaction ID : B-S-547	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Emma, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2015
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 35.98
City Nashville	State TN	Zip Code 37204-2204
Purpose of Disbursement Monthly email	Category/Type 001	
Candidate Name	Transaction ID : B-S-548	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wegmans</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 8270 Transit Road		Amount of Each Disbursement this Period 223.69
City Williamsville	State NY	Zip Code 14221-2820
Purpose of Disbursement Supplies	Category/Type 001	
Candidate Name	Transaction ID : B-S-549	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/15)
State: District:		

<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 53 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wegmans</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2015
Mailing Address 8270 Transit Road		Amount of Each Disbursement this Period 9.5
City Williamsville	State NY	
Zip Code 14221-2820	Purpose of Disbursement Supplies	<b>Transaction ID : B-S-551</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(01/20/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 435.59
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit card payment	<b>Transaction ID : B-E-11249</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Buffalo Proper</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2015
Mailing Address 333 Franklin Street		Amount of Each Disbursement this Period 387.66
City Buffalo	State NY	
Zip Code 14202-1702	Purpose of Disbursement Fundraising dinner	<b>Transaction ID : B-S-532</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Subitemization of American Express(03/27/15)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	435.59
<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 54 OF 65			
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Epiphany Productions</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2015
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 5000 <b>Transaction ID : B-E-11211</b>
City Alexandria	State VA	
Zip Code 22301-1015	Purpose of Disbursement Fundraising consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Kracker</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 429 Mill Street		Amount of Each Disbursement this Period 531.27 <b>Transaction ID : B-E-11228</b>
City Williamsville	State NY	
Zip Code 14221-5150	Purpose of Disbursement Other: Supply reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Charlie Dent</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 101 Norht Carolina Ave SE Apt F		Amount of Each Disbursement this Period 225 <b>Transaction ID : B-E-11212</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Other: Dues	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5756.27
<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 55 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Buffalo Club</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2015
Mailing Address 388 Delaware Avenue		Amount of Each Disbursement this Period 218.09 <b>Transaction ID : B-E-11210</b>
City Buffalo	State NY Zip Code 14202-1604	
Purpose of Disbursement Fundraising: Fundraising breakfast		Category/Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 21st Century Fox</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 400 N Capitol Street NW Suite 890		Amount of Each Disbursement this Period 1189.5 <b>Transaction ID : B-E-11224</b>
City Washington	State DC Zip Code 20001-1555	
Purpose of Disbursement Campaign Event: Luncheon		Category/Type 007
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 7426.25 <b>Transaction ID : B-E-11247</b>
City Newark	State NJ Zip Code 07101-1270	
Purpose of Disbursement Credit card payment		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8833.84
<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 56 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Plaza Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2015
Mailing Address 768 5th Avenue		Amount of Each Disbursement this Period 5000
City New York	State NY	
Zip Code 10019-1685	Purpose of Disbursement Hotel	Transaction ID : B-S-562
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/23/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 504
City Washington	State DC	
Zip Code 20003-1801	Purpose of Disbursement Fundraising dinner	Transaction ID : B-S-552
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/23/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Black and Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 5493 Sheridan Drive		Amount of Each Disbursement this Period 290.94
City Williamsville	State NY	
Zip Code 14221-3609	Purpose of Disbursement Fundraising dinner	Transaction ID : B-S-554
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/23/15)
State: District:		

<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 57 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement Monthly software	Transaction ID : B-S-555
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/23/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address PO Box 20706		Amount of Each Disbursement this Period 535.6
City Atlanta	State GA	
Zip Code 30320-6001	Purpose of Disbursement Airfare	Transaction ID : B-S-556
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/23/15)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Acqua AI 2</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 212 7th Street SE		Amount of Each Disbursement this Period 297.05
City Washington	State DC	
Zip Code 20003-4311	Purpose of Disbursement Fundraising event	Transaction ID : B-S-557
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] Subitemization of American Express(02/23/15)
State: District:		

<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 58 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Emma, Inc.</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2015
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 35.98
City Nashville	State TN Zip Code 37204-2204	
Purpose of Disbursement Monthly email	Candidate Name	Transaction ID : B-S-560
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	[MEMO ITEM] Subitemization of American Express(02/23/15)

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2015
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 2279.71
City Newark	State NJ Zip Code 07101-1270	
Purpose of Disbursement Credit card payment	Candidate Name	Transaction ID : B-E-11248
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 001	Original vendors exceeding reporting threshold itemized as memo transactions.

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2015
Mailing Address 300 1st Street SE		Amount of Each Disbursement this Period 47.7
City Washington	State DC Zip Code 20003-1801	
Purpose of Disbursement Fundraising lunch	Candidate Name	Transaction ID : B-S-535
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type 003	[MEMO ITEM] Subitemization of American Express(03/23/15)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2279.71
<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 59 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 500
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Monthly software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-536  [MEMO ITEM] Subitemization of American Express(03/23/15)
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 212 7th Street SE		Amount of Each Disbursement this Period 1242.8
City Washington State DC Zip Code 20003-4311	Purpose of Disbursement Event cost 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-537  [MEMO ITEM] Subitemization of American Express(03/23/15)
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Emma, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2015
Mailing Address 2120 8th Avenue S		Amount of Each Disbursement this Period 157.67
City Nashville State TN Zip Code 37204-2204	Purpose of Disbursement Monthly email 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B-S-539  [MEMO ITEM] Subitemization of American Express(03/23/15)
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<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 60 OF 65	
	<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)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jocelyn Jakubus</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2015
Mailing Address 68 Brockett Drive		Amount of Each Disbursement this Period \$ 1000 <b>Transaction ID : B-E-11209</b>
City Tonawanda	State NY	
Zip Code 14223-1421	Purpose of Disbursement Finance consultant	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 40195.49

**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 61 OF 65
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Collins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lehrer Dance</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2015
Mailing Address 59 Shoshone Street		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-11364</b>
City Buffalo	State NY	
Zip Code 14214-1031	Purpose of Disbursement Charitable Donation: Donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Air Line Pilots Assoc. Int'l PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1625 Massachusetts Avenue NW		Amount of Each Disbursement this Period 2500 <b>Transaction ID : B-E-11213</b>
City Washington	State DC	
Zip Code 20036-2212	Purpose of Disbursement miss-deposited check returned, original deposit 12/23/14	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Donovan For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address PO Box 723		Amount of Each Disbursement this Period 2000 <b>Transaction ID : B-E-11260</b>
City Meriden	State CT	
Zip Code 06450-0723	Purpose of Disbursement Political Contribution: Contribution	Category/ Type 011
Candidate Name <b>Christopher G Donovan</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: CT District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	5500.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Collins for Congress

Transaction ID : SC/10-L4

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

Christopher C Collins

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼  
Primary 2012

Mailing Address  
9660 Cobblestone Drive

City State ZIP Code  
Clarence NY 14031-1576

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
4500 0 4500

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 4500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Collins for Congress

Transaction ID : SC/10-L5

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

Christopher C Collins

[PERSONAL FUNDS]

Election: 2012

Primary

General

Other (specify) ▼

Primary 2012

Mailing Address

9660 Cobblestone Drive

City

State

ZIP Code

Clarence

NY

14031-1576

Original Amount of Loan

245500

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

245500

**TERMS**

Date Incurred

M 04 / D 17 / Y 2012

Date Due

M / D / Y None

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

245500.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Collins for Congress

Transaction ID : SC/10-L6

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

Christopher C Collins

[PERSONAL FUNDS]

Election: 2012

Primary  
 General  
 Other (specify) ▼  
General 2012

Mailing Address  
9660 Cobblestone Drive

City State ZIP Code  
Clarence NY 14031-1576

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
100000 0 100000

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y None 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 100000.00

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

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Collins for Congress** Transaction ID : **SC/10-L8**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Christopher C Collins</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>General 2012</b>
Mailing Address 9660 Cobblestone Drive		

City	State	ZIP Code
Clarence	NY	14031-1576

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000	0	150000

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 13 / 2012	None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	500000.00

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