

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
Marino for Congress

ADDRESS (number and street) PO Box 653
 Check if different than previously reported. (ACC) Williamsport PA 17703

2. **FEC IDENTIFICATION NUMBER** C C00475145 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
PA 10

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 07 / 2016 through 06 / 30 / 2016

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 Howard Rothenberg

Signature of Treasurer Howard Rothenberg [Electronically Filed] Date M M / D D / Y Y Y Y
07 / 15 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Marino for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	138451.00	852984.01
(b) Total Contribution Refunds (from Line 20(d))	0.00	1921.25
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	138451.00	851062.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	93748.31	507706.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	290.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	93748.31	507416.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	427884.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

Marino for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 07 / 2016 To: M M / D D / Y Y Y Y 06 / 30 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47845.00	399240.60
(ii) Unitemized.....	4606.00	22038.54
(iii) TOTAL of contributions from individuals ▶	52451.00	421279.14
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	86000.00	431704.87
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	138451.00	852984.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	5459.71
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	290.19
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	138451.00	858733.91

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	93748.31	507706.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1921.25
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1921.25
21. OTHER DISBURSEMENTS	2115.00	79683.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	95863.31	589311.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	385297.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	138451.00
25. SUBTOTAL (add Line 23 and Line 24).....	523748.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95863.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	427884.76

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

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

FOR LINE NUMBER: PAGE 5 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
SCOTT H. ANDERSON

Mailing Address 1106 EL CENTRO AVE.

City OAKLAND State CA Zip Code 94602-1451

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

Name of Employer OIBP BELL 28, LLC Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6020

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARTHA E. BINGAMAN

Mailing Address PO BOX 247

City KREAMER State PA Zip Code 17833-0247

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

Name of Employer BINGAMAN & SONS LUMBER, INC. Occupation SECRETARY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : SA11A.6052

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL W. CAVAGE

Mailing Address 118 WEST 11TH STREET

City HONESDALE State PA Zip Code 18431-1902

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

Name of Employer PIONEER CONSTRUCTION COMPANY Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11A.6080

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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 6 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
MR. DAVIS R. CHANT

Mailing Address 106 EAST HARFORD STREET

City State Zip Code
MILFORD PA 18337-1002

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

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11A.6091

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WALTER T. CHEEK JR.

Mailing Address 327 JAMES STREET

City State Zip Code
KINGSTON PA 18704-5649

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11A.5997

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ROBERT E. CHIANELLI

Mailing Address 411 BROAD STREET

City State Zip Code
MONTOURSVILLE PA 17754-2315

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

Name of Employer Occupation
SELF DENTIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.6112

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 7 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
GARY S. CHRISMAN

Mailing Address **88 CARRIAGE SQUARE**

City **MONTOURSVILLE** State **PA** Zip Code **17754-9101**

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

Name of Employer **CLEAR CHANNEL RADIO** Occupation **RADIO PERSONALITY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.6115

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PAMELA A. CLIFFORD

Mailing Address **12 SITTING BULL TRAIL**

City **GOULDSBORO** State **PA** Zip Code **18424-8874**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11A.6098

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHUCK COCCODRILLI

Mailing Address **96 MOUNTAIN ROAD**

City **JEFFERSON TOWNSHIP** State **PA** Zip Code **18436-3832**

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

Name of Employer **SELF** Occupation **BROKER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : SA11A.6015

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DAVID L. COHEN

Mailing Address 7309 HURON LN

City PHILADELPHIA State PA Zip Code 19119-2817

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

Name of Employer COMCAST Occupation EXEC VP

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2016

Transaction ID : SA11A.6006

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EILENE C. COHNN

Mailing Address 6754B SURREYWOOD LN.

City BETHESDA State MD Zip Code 20817-1551

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

Name of Employer SELF Occupation EVENT PLANNING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6018

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EILENE C. COHNN

Mailing Address 6754B SURREYWOOD LN.

City BETHESDA State MD Zip Code 20817-1551

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

Name of Employer SELF Occupation EVENT PLANNING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11A.6027

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

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

5400.00

**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 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ALAN COHICK

Mailing Address **29 LEHMAN DRIVE**

City **COGAN STATION** State **PA** Zip Code **17728-9214**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : SA11A.6079

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY CROCKETT

Mailing Address **918 W. LOCKHART ST.**

City **SAYRE** State **PA** Zip Code **18840-1001**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11A.6086

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CAROLYN DOOLITTLE

Mailing Address **23722 STATE ROUTE 267**

City **FRIENDSVILLE** State **PA** Zip Code **18818-8612**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11A.6102

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

1350.00

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

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

FOR LINE NUMBER: PAGE 10 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DANIEL GANDY

Mailing Address 1155 VALLAMONT DR. NW

City State Zip Code
WILLIAMSPORT PA 17701-3077

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11A.6111

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM H. GATES III

Mailing Address 10230 NE POINTS DR
SUITE 200

City State Zip Code
KIRKLAND WA 98033-7897

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

Name of Employer Occupation
BILL & MELINDA GATES FOUNDATION CO-FOUNDER/CO-CHAIR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2016

Transaction ID : SA11A.6003

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH H. GIBSON

Mailing Address 5040 GLENBROOK TERRACE NW

City State Zip Code
WASHINGTON DC 20016-2602

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

Name of Employer Occupation
THE GIBSON GROUP OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6011

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

4700.00

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

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

FOR LINE NUMBER: PAGE 11 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT P. HAGER

Mailing Address 231 CONRAD HILL ROAD

City State Zip Code
HUGHESVILLE PA 17737-8684

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

Name of Employer Occupation
LINDSAY HAGER & ASSOCIATES CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11A.6137

Amount of Each Receipt this Period
 2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HON. ANTHONY V. HERZOG

Mailing Address 8 WHITETAIL PLACE

City State Zip Code
HONESDALE PA 18431-9606

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11A.6077

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRIS HOFFMAN

Mailing Address 4716 MOUNTAIN ROAD

City State Zip Code
MCALISTERVILLE PA 17049-8333

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

Name of Employer Occupation
SELF FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11A.6081

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

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

2900.00

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

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

FOR LINE NUMBER: PAGE 12 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
CLARA A. JOHNSON

Mailing Address 115 BRANDYWINE DRIVE

City State Zip Code
HONESDALE PA 18431-4051

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11A.6099

Amount of Each Receipt this Period
 25.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TIMOTHY S. KARR

Mailing Address 521 NORTH DERR DR.

City State Zip Code
LEWISBURG PA 17837-1001

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

Name of Employer Occupation
VILLAGER REALTY INC REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : SA11A.6057

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN S. KIESENDAHL

Mailing Address 257 SOUTHWOODS RD

City State Zip Code
HAWLEY PA 18428-7834

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

Name of Employer Occupation
WOODLOCH PINES, INC CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11A.6100

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 13 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD L. KNOEBEL

Mailing Address 206 KNOEBEL BLVD.

City State Zip Code
ELYSBURG PA 17824-7125

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

Name of Employer Occupation
H.H. KNOEBEL SONS INC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11A.6033

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROGER A. MADIGAN

Mailing Address 19492 ROUTE 6

City State Zip Code
TOWANDA PA 18848-8675

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11A.6069

Amount of Each Receipt this Period
 100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAURA MCALLISTER JOHNSON

Mailing Address 5945 BROADWAY ST.

City State Zip Code
SAN ANTONIO TX 78209-5235

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

Name of Employer Occupation
SELF RANCHER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6022

Amount of Each Receipt this Period
 2000.00

Memo Item
CONTRIBUTION

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

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

2200.00

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

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

FOR LINE NUMBER: PAGE 14 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
KOOK JIN MOON

Mailing Address **16 N RIDGE ROAD**

City **POMONA** State **NY** Zip Code **10970-2111**

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

Name of Employer **SAEIVO ENTERPRISES, INC.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
06 / 30 / 2016

Transaction ID : SA11A.6139

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM MOSCHELLA

Mailing Address **6712 MARBO COURT**

City **FALLS CHURCH** State **VA** Zip Code **22046-2353**

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

Name of Employer **BROWNSTEIN, HYATT, FARBER, SCH** Occupation **SHAREHOLDER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
04 / 13 / 2016

Transaction ID : SA11A.5957

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LISA V. NANCOLLAS

Mailing Address **25 SOMAR DRIVE**

City **LEWISTOWN** State **PA** Zip Code **17044-9238**

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

Name of Employer **SELF** Occupation **R.N.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
05 / 23 / 2016

Transaction ID : SA11A.6031

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION
PAVILION RENTAL

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

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

1045.00

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

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

FOR LINE NUMBER: PAGE 15 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
LISA V. NANCOLLAS

Mailing Address **25 SOMAR DRIVE**

City **LEWISTOWN** State **PA** Zip Code **17044-9238**

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

Name of Employer **SELF** Occupation **R.N.**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA11A.6123

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS E. NOWAKOWSKI

Mailing Address **7 CHESTER LN**

City **NEW HOPE** State **PA** Zip Code **18938-**

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

Name of Employer **UNITED MARKETING SERVICES** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 22 / 2016

Transaction ID : SA11A.6065

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRIAN F. ORAM

Mailing Address **15 HILLCREST RD**

City **DALLAS** State **PA** Zip Code **18612-1205**

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

Name of Employer **BF ENVIRONMENTAL** Occupation **GEOLOGIST**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11A.6114

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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 16 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES E. PARENTE

Mailing Address 356 SEDGWICK COURT

City NAPLES State FL Zip Code 34108-8700

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11A.6094

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JANNETTE PATTERSON

Mailing Address 225 CENTRAL PARK WEST
APT. 1214

City NEW YORK State NY Zip Code 10024-6050

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

Name of Employer CORCORAN GROUP Occupation REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6021

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH A. PRATO

Mailing Address 514 BRANDON PLACE

City WILLIAMSPORT State PA Zip Code 17701-3504

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11A.6106

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

3800.00

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

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

FOR LINE NUMBER: PAGE 17 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
MR. BARRY D. RHOADS
 Mailing Address 6793 FATHER JOHN COURT
 City State Zip Code
 MCLEAN VA 22101-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CASSIDY & ASSOCIATES CHAIRMAN
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 13 2016
Transaction ID : SA11A.6005
 Amount of Each Receipt this Period
 750.00
 Memo Item
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
J. L. ROBERTSON
 Mailing Address 2549 KNOX STREET, NE
 City State Zip Code
 ATLANTA GA 30317-2829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NA SELF-EMPLOYED
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 23 2016
Transaction ID : SA11A.6017
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROMANO ROMANI
 Mailing Address 11124 ARROYO DRIVE
 City State Zip Code
 ROCKVILLE MD 20852-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PAC PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 07 2016
Transaction ID : SA11A.6062
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

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

3950.00

**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 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ANDREW SHORE

Mailing Address 5904 NORTH 22ND STREET

City ARLINGTON State VA Zip Code 22205-3327

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

Name of Employer JOCHUM SHORE & TROSSEVIN PC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11A.6032

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. & MRS. JOSEPH G. STEWART

Mailing Address 213 STEWART ROAD

City WILLIAMSPORT State PA Zip Code 17702-8684

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

Name of Employer WEST BRANCH PETROLEUM EQUIPMENT CO Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2016

Transaction ID : SA11A.6001

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARLYLE P. THORSEN

Mailing Address 405 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1827

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

Name of Employer THORSEN FRENCH ADVOCACY LLC Occupation GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11A.6118

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 19 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
BRUCE TOLL

Mailing Address 754 S. COUNTY ROAD

City PALM BEACH State FL Zip Code 33480-4826

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

Name of Employer TOLL BROTHERS, INC. Occupation DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11A.6036

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WARREN TRYON

Mailing Address 216 9TH STREET SE

City WASHINGTON State DC Zip Code 20003-2111

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

Name of Employer RR&G LLC Occupation SENIOR POLICY ADVISOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11A.6064

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT SCHELL ULRICH

Mailing Address 1305 ADELE ROAD

City MONTOURSVILLE State PA Zip Code 17754-9556

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2016

Transaction ID : SA11A.6042

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
CONTRIBUTION

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

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

_____ 2250.00

**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 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
JANE VALEZ-MITCHELL

Mailing Address 333 WEST 56TH STREET
APT. 3H

City NEW YORK State NY Zip Code 10019-3738

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

Name of Employer HLN Occupation MEDIA REPRESENTATIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6016

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SCOTT R. WAGNER

Mailing Address PO BOX 1627

City YORK State PA Zip Code 17405-1627

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

Name of Employer PENN WASTE, INC. Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016

Transaction ID : SA11A.5961

Amount of Each Receipt this Period
2700.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANNA J. WARE

Mailing Address 2611 ACORN AVE NE

City ATLANTA State GA Zip Code 30305-3703

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

Name of Employer SELF Occupation PLANNING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11A.6019

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

7900.00

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

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

FOR LINE NUMBER: PAGE 21 OF 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
CAROL K. WEBB

Mailing Address 89 BLUE SKY DR

City State Zip Code
HUGHESVILLE PA 17737-8018

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2016

Transaction ID : SA11A.6076

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD R. WILLIAMS

Mailing Address 186 GOLF HILL ROAD

City State Zip Code
HONESDALE PA 18431-4170

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

Name of Employer Occupation
THE METROPOLITAN AVIATION GROUP, LLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : SA11A.6041

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EDWARD R. WILLIAMS

Mailing Address 186 GOLF HILL ROAD

City State Zip Code
HONESDALE PA 18431-4170

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

Name of Employer Occupation
THE METROPOLITAN AVIATION GROUP, LLC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2016

Transaction ID : SA11A.6090

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

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

1150.00

47845.00

**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 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATIONINTERNATIONAL PAC

Mailing Address 1625 MASSACHUSETTS AVE. 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
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.5988

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AIR PRODUCTS AND CHEMICALS, INC. POLITICAL ALLIANCE

Mailing Address P.O. BOX 441

City TREXLERTOWN State PA Zip Code 18087-0441

FEC ID number of contributing federal political committee. **C** C00127258

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2016

Transaction ID : SA11C.6108

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION PAC

Mailing Address 421 AVIATION WAY

City FREDERICK State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11C.6063

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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 23 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
AMERICA'S HEALTH INSURANCE PLANS - AHIP PAC

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 500

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11C.6121

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : SA11C.6009

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SA11C.6023

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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 24 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036-3971

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2016

Transaction ID : SA11C.6023B

Amount of Each Receipt this Period
-500.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 SEVENTH STREET, NW
SUITE 700

City WASHINGTON State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : SA11C.5992

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLIT

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11C.6113

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
ANTHEM INC ANTHEMPAC

Mailing Address 120 MONUMENT CIRCLE

City INDIANAPOLIS State IN Zip Code 46204-4906

FEC ID number of contributing federal political committee. **C C00197228**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 16 / 2016

Transaction ID : SA11C.5960

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL P

Mailing Address 208 S. AKARD STREET SUITE 3521

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
9000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.6061

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039 SUITE 220

City FORT WORTH State TX Zip Code 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11C.6010

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

10000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
BRISTOL-MYERS SQUIBB COMPANY EMPLOYEE POLITICAL ADVOCACY FUN

Mailing Address **777 SCUDDERS MILL ROAD**

City State Zip Code
PLAINSBORO NJ 08536-1615

FEC ID number of contributing federal political committee. **C C00035675**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : SA11C.5964

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION

Mailing Address **1201 15TH STREET, NW**

City State Zip Code
WASHINGTON DC 20005-2899

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.5995

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHESAPEAKE ENERGY CORPORATION FED-PAC

Mailing Address **P.O. BOX 18496**

City State Zip Code
OKLAHOMA CITY OK 73154-0496

FEC ID number of contributing federal political committee. **C C00389288**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.5968

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **6000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 86
	<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)
Marino for Congress

A. COZEN O'CONNOR POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address **ONE LIBERTY PLACE**
1650 MARKET STREET

City **PHILADELPHIA** State **PA** Zip Code **19103-4201**

FEC ID number of contributing federal political committee. **C C00312777**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 12 / 2016

Transaction ID : SA11C.5958

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. CTIA - THE WIRELESS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address **1400 16TH STREET NW**
SUITE 600

City **WASHINGTON** State **DC** Zip Code **20036-2225**

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : SA11C.6008

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. CVS HEALTH PAC

Full Name (Last, First, Middle Initial)
Mailing Address **1275 PENNSYLVANIA AVE., NW**
STE. 700

City **WASHINGTON** State **DC** Zip Code **20004-2448**

FEC ID number of contributing federal political committee. **C C00384818**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 23 / 2016

Transaction ID : SA11C.6014

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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: PAGE 28 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
DAVITA HEALTHCARE PARTNERS, INC. PAC (DAPAC)

Mailing Address **601 HAWAII STREET**

City **EL SEGUNDO** State **CA** Zip Code **90245-4814**

FEC ID number of contributing federal political committee. **C C00340943**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 12 / 2016

Transaction ID : SA11C.5959

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOMINION RESOURCES, INC. PAC - DOMINION PAC

Mailing Address **ONE JAMES RIVER PLAZA, 20TH FLOOR
P.O. BOX 26666**

City **RICHMOND** State **VA** Zip Code **23261-6666**

FEC ID number of contributing federal political committee. **C C00108209**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2016

Transaction ID : SA11C.6038

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION PAC

Mailing Address **PO BOX 20503**

City **INDIANAPOLIS** State **IN** Zip Code **46220-0503**

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : SA11C.5956

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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 29 OF 86
	<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)
Marino for Congress

A. FRANCHISING POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
FRANCHISING POLITICAL ACTION COMMITTEE

Mailing Address 1501 K STREET, NW
STE. 350

City WASHINGTON State DC Zip Code 20005-1412

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.6122

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. GENERAL DYNAMICS CORPORATION PAC (GDC PAC)

Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION PAC (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City FALLS CHURCH State VA Zip Code 22042-4541

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11C.6024

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

C. GILEAD SCIENCES INC HEALTHCARE POLICY PAC

Full Name (Last, First, Middle Initial)
GILEAD SCIENCES INC HEALTHCARE POLICY PAC

Mailing Address 333 LAKESIDE DRIVE

City FOSTER CITY State CA Zip Code 94404-1147

FEC ID number of contributing federal political committee. **C** C00396895

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.6059

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 30 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L STREET, NW
SUITE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : SA11C.5990

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11C.5965

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389-0134

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11C.5966

Amount of Each Receipt this Period
 5000.00

Memo Item
CONTRIBUTION

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City State Zip Code
WASHINGTON DC 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
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.5980

Amount of Each Receipt this Period
1500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City State Zip Code
WASHINGTON DC 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
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : SA11C.6002

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City State Zip Code
WASHINGTON DC 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
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2016

Transaction ID : SA11C.6029

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
REDESIGNATION FROM PRIMARY

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City	State	Zip Code
WASHINGTON	DC	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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11C.6029B

Amount of Each Receipt this Period
-1000.00

Memo Item
CONTRIBUTION
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC (RPAC)

Mailing Address 430 N. MICHIGAN AVE.

City	State	Zip Code
CHICAGO	IL	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
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.6120

Amount of Each Receipt this Period
3000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMM

Mailing Address 1101 KING STREET
SUITE 600

City	State	Zip Code
ALEXANDRIA	VA	22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.6060

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 33 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address **3 BETHESDA METRO CENTER
SUITE 1100**

City **BETHESDA** State **MD** Zip Code **20814-6302**

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2016

Transaction ID : SA11C.5955

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC

Mailing Address **324 FOURTH STREET NE**

City **WASHINGTON** State **DC** Zip Code **20002-5824**

FEC ID number of contributing federal political committee. **C C00244863**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.5989

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL RENAL ADMINISTRATORS ASSOCIATION PAC

Mailing Address **700 13TH STREET, NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005-5998**

FEC ID number of contributing federal political committee. **C C00255091**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11C.6028

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 86
	<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)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City State Zip Code
ALEXANDRIA VA 22314-2726

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2016

Transaction ID : SA11C.5993

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL SHOOTING SPORTS FOUNDATION, INC. PAC (NSSF PAC)

Mailing Address 400 N. CAPITOL STREET NW
SUITE 490

City State Zip Code
WASHINGTON DC 20001-6509

FEC ID number of contributing federal political committee. **C C00480863**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11C.6013

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE PAC

Mailing Address 51 MADISON AVENUE
ROOM 1109

City State Zip Code
NEW YORK NY 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11C.6025

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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: PAGE 35 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address **3 COMMERCIAL PLACE
SUITE 375**

City **NORFOLK** State **VA** Zip Code **23510-2108**

FEC ID number of contributing federal political committee. **C C00009282**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2016

Transaction ID : SA11C.5963

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RELX INC PAC

Mailing Address **1150 18TH ST., NW, NO 600**

City **WASHINGTON** State **DC** Zip Code **20036-3843**

FEC ID number of contributing federal political committee. **C C00345793**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : SA11C.5994

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RITE AID CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address **30 HUNTER LANE**

City **CAMP HILL** State **PA** Zip Code **17011-2400**

FEC ID number of contributing federal political committee. **C C00104083**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11C.5991

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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: PAGE 36 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
SPEEDPAC

Mailing Address P.O. BOX 2875

City State Zip Code
DAYTONA BEACH FL 32120-2875

FEC ID number of contributing federal political committee. **C C00571042**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : SA11C.6039

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SYNGENTA CORPORATION EMPLOYEE PAC

Mailing Address 3411 SILVERSIDE ROAD
SUITE 100

City State Zip Code
WILMINGTON DE 19810-4811

FEC ID number of contributing federal political committee. **C C00363945**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11C.6026

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 929 LONG BRIDGE DR

City State Zip Code
ARLINGTON VA 22202-4208

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
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2016

Transaction ID : SA11C.6035

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

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

7000.00

**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 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 929 LONG BRIDGE DR

City ARLINGTON State VA Zip Code 22202-4208

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 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11C.6066

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMPSON COBURN POLITICAL ACTION COMMITTEE

Mailing Address 1909 K STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20006-1167

FEC ID number of contributing federal political committee. **C** C00550491

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : SA11C.5987

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
UNITED STATES TELECOM ASSOCIATION PAC (TELECOMPAC)

Mailing Address 1875 EYE STREET NW

City WASHINGTON State DC Zip Code 20006-5409

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 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2016

Transaction ID : SA11C.6012

Amount of Each Receipt this Period
 500.00

Memo Item
CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 38 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
UNIVERSAL MUSIC GROUP POLITICAL ACTION COMMITTEE

Mailing Address 2220 COLORADO AVENUE

City State Zip Code
SANTA MONICA CA 90404-3506

FEC ID number of contributing federal political committee. **C C00392464**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11C.6107

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
VERTEX PHARMACEUTICALS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 1050 K STREET NW
SUITE 1125

City State Zip Code
WASHINGTON DC 20001-4954

FEC ID number of contributing federal political committee. **C C00468660**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2016

Transaction ID : SA11C.6119

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WAKEFERN FOOD CORP. POLITICAL ACTION COMMITTEE

Mailing Address 33 NORTHFIELD AVENUE

City State Zip Code
EDISON NJ 08837-3806

FEC ID number of contributing federal political committee. **C C00489005**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : SA11C.6037

Amount of Each Receipt this Period
2000.00

Memo Item
CONTRIBUTION

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: PAGE 39 OF 86
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. Full Name (Last, First, Middle Initial)
WEXLER & WALKER PAC (A UNIT OF HILL & KNOWLTON STRATEGIES LL

Mailing Address 1317 F. STREET NW
SUITE 600

City WASHINGTON State DC Zip Code 20004-1105

FEC ID number of contributing federal political committee. **C** C00248195

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2016

Transaction ID : SA11C.6109

Amount of Each Receipt this Period
 1000.00

Memo Item
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

86000.00

**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 40 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 10131.62
City PITTSBURGH	State PA Zip Code 15227	
Purpose of Disbursement CAMPAIGN CONSULTING & REIMBURSEMENT (SEE BELOW)		<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2472
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 5000.00
City PITTSBURGH	State PA Zip Code 15227	
Purpose of Disbursement CAMPAIGN CONSULTING		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2473 BARTON 4/26
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 4671.62
City PITTSBURGH	State PA Zip Code 15227	
Purpose of Disbursement MILEAGE REIMBURSEMENT		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2474 BARTON 4/26
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	10131.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. PENNSYLVANIA TURNPIKE COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address PO BOX 67676		Amount of Each Disbursement this Period 110.00
City HARRISBURG	State PA	Zip Code 17106
Purpose of Disbursement TOLLS	Category/Type	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
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:	Transaction ID : SB17.I2475 BARTON 4/26	

Full Name (Last, First, Middle Initial) B. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2016
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 300.00
City LEHIGH VALLEY	State PA	Zip Code 18002
Purpose of Disbursement PHONE	Category/Type	
Candidate Name	Memo Item <input checked="" type="checkbox"/>	
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:	Transaction ID : SB17.I2477 BARTON 4/26	

Full Name (Last, First, Middle Initial) C. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 2500.00
City PITTSBURGH	State PA	Zip Code 15227
Purpose of Disbursement STRATEGIC CONSULTING	Category/Type	
Candidate Name	Memo Item <input type="checkbox"/>	
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:	Transaction ID : SB17.I2494	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. RYAN BARTON			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 1242 PROSPECT RD			Amount of Each Disbursement this Period 3196.72		
City PITTSBURGH	State PA	Zip Code 15227	<input type="checkbox"/> Memo Item Transaction ID : SB17.I2495		
Purpose of Disbursement MILEAGE REIMBURSEMENT		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. RYAN BARTON			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 1242 PROSPECT RD			Amount of Each Disbursement this Period 295.00		
City PITTSBURGH	State PA	Zip Code 15227	<input type="checkbox"/> Memo Item Transaction ID : SB17.I2496		
Purpose of Disbursement NON-TRAVEL EXPENSE REIMBURSEMENTS (SEE ITEMIZATION MEMO ENTRIES)		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) C. PENNSYLVANIA TURNPIKE COMMISSION			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016		
Mailing Address PO BOX 67676			Amount of Each Disbursement this Period 110.00		
City HARRISBURG	State PA	Zip Code 17106	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2546		
Purpose of Disbursement TOLLS		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:					

SUBTOTAL of Disbursements This Page (optional).....	3491.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 150.00
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.I2547
State: District:		

Full Name (Last, First, Middle Initial) B. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 2500.00
City PITTSBURGH	State PA	
Zip Code 15227	Purpose of Disbursement STRATEGIC CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.I2530
State: District:		

Full Name (Last, First, Middle Initial) C. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 3751.98
City PITTSBURGH	State PA	
Zip Code 15227	Purpose of Disbursement EXPENSE REIMBURSEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.I2533
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6251.98
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. RYAN BARTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1242 PROSPECT RD		Amount of Each Disbursement this Period 3516.98
City PITTSBURGH	State PA	
Zip Code 15227	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2550
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. PENNSYLVANIA TURNPIKE COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address PO BOX 67676		Amount of Each Disbursement this Period 50.00
City HARRISBURG	State PA	
Zip Code 17106	Purpose of Disbursement TOLLS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2549
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) C. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 150.00
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2548
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. MARIA DIESEL		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1533 JOHNNYS WAY		Amount of Each Disbursement this Period 60.00
City WEST CHESTER	State PA	
Zip Code 19382	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2524
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. MARIA DIESEL		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 1533 JOHNNYS WAY		Amount of Each Disbursement this Period 517.00
City WEST CHESTER	State PA	
Zip Code 19382	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2525
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) C. ANN KAUFMAN		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address PO BOX 653		Amount of Each Disbursement this Period 137.50
City WILLIAMSPORT	State PA	
Zip Code 17703	Purpose of Disbursement EXPENSE REIMBURSEMENT (ITEMIZATION BELOW THRESHOLD)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2499
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:		

SUBTOTAL of Disbursements This Page (optional).....	714.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. ANN KAUFMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address PO BOX 653		Amount of Each Disbursement this Period 3000.00
City WILLIAMSPORT	State PA	
Zip Code 17703	Purpose of Disbursement CAMPAIGN MANAGEMENT CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2512
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. ANN KAUFMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address PO BOX 653		Amount of Each Disbursement this Period 634.44
City WILLIAMSPORT	State PA	
Zip Code 17703	Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2513
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) C. ANN KAUFMAN		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address PO BOX 653		Amount of Each Disbursement this Period 423.50
City WILLIAMSPORT	State PA	
Zip Code 17703	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2545
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:		

SUBTOTAL of Disbursements This Page (optional).....	3634.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 10400 FERNWOOD RD		Amount of Each Disbursement this Period 210.94
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2551
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. ANN KAUFMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address PO BOX 653		Amount of Each Disbursement this Period 93.73
City WILLIAMSPORT	State PA	
Zip Code 17703	Purpose of Disbursement NON-TRAVEL EXPENSE REIMBURSEMENT (BELOW THRESHOLD)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2514
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) C. EDIE MARINO		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 385 KINLEY DR.		Amount of Each Disbursement this Period 615.01
City COGAN STATION	State PA	
Zip Code 17728	Purpose of Disbursement REIMBURSEMENT (SEE BELOW)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2455
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:		

SUBTOTAL of Disbursements This Page (optional).....	708.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. EDIE MARINO			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016	
Mailing Address 385 KINLEY DR.			Amount of Each Disbursement this Period 495.55	
City COGAN STATION	State PA	Zip Code 17728	Category/ Type	
Purpose of Disbursement MILEAGE REIMBURSEMENT				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2466 MARINO 4/11	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. PENNSYLVANIA TURNPIKE COMMISSION			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016	
Mailing Address PO BOX 67676			Amount of Each Disbursement this Period 8.70	
City HARRISBURG	State PA	Zip Code 17106	Category/ Type	
Purpose of Disbursement TOLLS				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2456 MARINO 4/11	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. PENNSYLVANIA TURNPIKE COMMISSION			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016	
Mailing Address PO BOX 67676			Amount of Each Disbursement this Period 13.60	
City HARRISBURG	State PA	Zip Code 17106	Category/ Type	
Purpose of Disbursement TOLLS				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2464 MARINO 4/11	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. EDIE MARINO		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 385 KINLEY DR.		Amount of Each Disbursement this Period 1206.24
City COGAN STATION	State PA	
Zip Code 17728	Purpose of Disbursement EXPENSE REIMBURSEMENT (SEE ITEMIZATION MEMO ENTRIES)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2504
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. EDIE MARINO		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 385 KINLEY DR.		Amount of Each Disbursement this Period 1158.84
City COGAN STATION	State PA	
Zip Code 17728	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2505
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) C. PENNSYLVANIA TURNPIKE COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address PO BOX 67676		Amount of Each Disbursement this Period 8.70
City HARRISBURG	State PA	
Zip Code 17106	Purpose of Disbursement TOLLS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2507
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:		

SUBTOTAL of Disbursements This Page (optional).....	1206.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. PENNSYLVANIA TURNPIKE COMMISSION		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address PO BOX 67676		Amount of Each Disbursement this Period 8.70
City HARRISBURG	State PA	
Zip Code 17106	Purpose of Disbursement TOLLS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2508
State: District:		

Full Name (Last, First, Middle Initial) B. LISA V. NANCOLLAS		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 25 SOMAR DRIVE		Amount of Each Disbursement this Period 45.00
City LEWISTOWN	State PA	
Zip Code 17044-9238	Purpose of Disbursement IN-KIND CONTRIBUTION	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.6031 PAVILION RENTAL
State: District:		

Full Name (Last, First, Middle Initial) C. ROBERT H. NELSON		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 1829 BAY STREET, SE		Amount of Each Disbursement this Period 3500.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2467
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3545.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. ROBERT H. NELSON		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 1829 BAY STREET, SE		Amount of Each Disbursement this Period 3500.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2482
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. ROBERT H. NELSON		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 1829 BAY STREET, SE		Amount of Each Disbursement this Period 3500.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2493
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) C. ROBERT H. NELSON		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 1829 BAY STREET, SE		Amount of Each Disbursement this Period 512.58
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement EXPENSE REIMBURSEMENT (SEE ITEMIZATION MEMO ENTRIES)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2534
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:		

SUBTOTAL of Disbursements This Page (optional).....	7512.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. ROBERT H. NELSON			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2016	
Mailing Address 1829 BAY STREET, SE			Amount of Each Disbursement this Period 232.56	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement MILEAGE REIMBURSEMENT				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2535	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. ROBERT H. NELSON			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2016	
Mailing Address 1829 BAY STREET, SE			Amount of Each Disbursement this Period 206.50	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement PRINTING				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2536	
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. ROBERT H. NELSON			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016	
Mailing Address 1829 BAY STREET, SE			Amount of Each Disbursement this Period 26.53	
City WASHINGTON	State DC	Zip Code 20003	Category/ Type	
Purpose of Disbursement REIMBURSED TRAVEL AND SUBSISTENCE ADVANCE				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2538	
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2016
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 46.99
City D.C.	State DC Zip Code 20260	
Purpose of Disbursement POSTAGE	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2537
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 58.00
City WILLIAMSPORT	State PA Zip Code 17701	
Purpose of Disbursement REIMBURSEMENT (SEE BELOW)	Candidate Name	<input type="checkbox"/> Memo Item Transaction ID : SB17.I2468
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 45.10
City WILLIAMSPORT	State PA Zip Code 17701	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.I2470 NYMAN 4/26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	58.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2016		
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 6.45		
City D.C.	State DC	Zip Code 20260	Category/ Type		
Purpose of Disbursement POSTAGE					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought:	Disbursement For:				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I2469 NYMAN 4/26			
State: District:					

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address 475 L'ENFANT PLAZA SW			Amount of Each Disbursement this Period 6.45		
City D.C.	State DC	Zip Code 20260	Category/ Type		
Purpose of Disbursement POSTAGE					
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought:	Disbursement For:				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I2471 NYMAN 4/26			
State: District:					

Full Name (Last, First, Middle Initial) C. PAUL NYMAN			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 350 PEARSON AVE			Amount of Each Disbursement this Period 500.00		
City WILLIAMSPORT	State PA	Zip Code 17701	Category/ Type		
Purpose of Disbursement GRASSROOTS CONSULTING					
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought:	Disbursement For:				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I2489			
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 637.28
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement EXPENSE REIMBURSEMENT (SEE ITEMIZATION MEMOS)	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2490
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. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 66.42
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2539
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) C. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 14.04
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2541
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:		

SUBTOTAL of Disbursements This Page (optional).....	637.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 98.28
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.I2543
State: District:		

Full Name (Last, First, Middle Initial) B. PAUL NYMAN		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2016
Mailing Address 350 PEARSON AVE		Amount of Each Disbursement this Period 104.76
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement MILEAGE REIMBURSEMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.I2544
State: District:		

Full Name (Last, First, Middle Initial) C. COMPUTER CONNECTIONS WORLDWIDE		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 1204 RIVER AVE		Amount of Each Disbursement this Period 344.50
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement COMPUTER EQUIPMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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)	Transaction ID : SB17.I2540
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address P.O. BOX 53600			Amount of Each Disbursement this Period 14.60	
City PHOENIX	State AZ	Zip Code 85072	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name		Transaction ID : SB17.I2445		
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. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address P.O. BOX 53600			Amount of Each Disbursement this Period 29.05	
City PHOENIX	State AZ	Zip Code 85072	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name		Transaction ID : SB17.I2509		
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) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016	
Mailing Address P.O. BOX 53600			Amount of Each Disbursement this Period 6.08	
City PHOENIX	State AZ	Zip Code 85072	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CC PROCESSING		Category/ Type		
Candidate Name		Transaction ID : SB17.I2511		
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:				

SUBTOTAL of Disbursements This Page (optional).....	49.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address P.O. BOX 53600		Amount of Each Disbursement this Period 72.40
City PHOENIX	State AZ	
Zip Code 85072	Purpose of Disbursement CC PROCESSING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2519
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. AT & T		Date of Disbursement MM / DD / YYYY 04 / 07 / 2016
Mailing Address P.O. BOX 537104		Amount of Each Disbursement this Period 3636.36
City ATLANTA	State GA	
Zip Code 30353	Purpose of Disbursement PHONES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2446
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) C. CMDI		Date of Disbursement MM / DD / YYYY 04 / 25 / 2016
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period 800.00
City TYSONS CORNER	State VA	
Zip Code 22182	Purpose of Disbursement DATABASE SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2441
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:		

SUBTOTAL of Disbursements This Page (optional).....	4508.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2016"/>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <input type="text" value="26.22"/>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC PROCESSING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2442
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CMDI		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <input type="text" value="1.23"/>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC PROCESSING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2443
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CMDI		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <input type="text" value="45.55"/>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC PROCESSING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2444
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="73.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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)

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

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NAME OF COMMITTEE (In Full)
Marino for Congress

A. **CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 05 / 2016

Amount of Each Disbursement this Period: 1.23

Memo Item

Transaction ID : SB17.I2479

B. **CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 19 / 2016

Amount of Each Disbursement this Period: 37.00

Memo Item

Transaction ID : SB17.I2486

C. **CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 24 / 2016

Amount of Each Disbursement this Period: 800.00

Memo Item

Transaction ID : SB17.I2488

SUBTOTAL of Disbursements This Page (optional) 838.23

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. CMDI		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <input type="text" value="24.75"/>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC PROCESSING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2498
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. CMDI		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2016"/>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <input type="text" value="20.25"/>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement CC PROCESSING	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2510
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. CMDI		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2016"/>
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period <input type="text" value="800.00"/>
City TYSONS CORNER	State VA Zip Code 22182	
Purpose of Disbursement DATABASE SERVICES	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.I2517
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="845.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 62 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement			
A. CMDI		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>06 / 23 / 2016</td> </tr> </table>		M M / D D / Y Y Y Y	06 / 23 / 2016
M M / D D / Y Y Y Y					
06 / 23 / 2016					
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period			
City TYSONS CORNER State VA Zip Code 22182		<table border="1"> <tr> <td>55.23</td> </tr> </table>		55.23	
55.23					
Purpose of Disbursement CC PROCESSING		<input type="checkbox"/> Memo Item			
Candidate Name		Transaction ID : SB17.I2518			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial)		Date of Disbursement			
B. CMDI		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>06 / 30 / 2016</td> </tr> </table>		M M / D D / Y Y Y Y	06 / 30 / 2016
M M / D D / Y Y Y Y					
06 / 30 / 2016					
Mailing Address 1593 SPRING HILL RD STE 400		Amount of Each Disbursement this Period			
City TYSONS CORNER State VA Zip Code 22182		<table border="1"> <tr> <td>5.15</td> </tr> </table>		5.15	
5.15					
Purpose of Disbursement CC PROCESSING		<input type="checkbox"/> Memo Item			
Candidate Name		Transaction ID : SB17.I2520			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial)		Date of Disbursement			
C. CNN		<table border="1"> <tr> <td>M M / D D / Y Y Y Y</td> </tr> <tr> <td>06 / 22 / 2016</td> </tr> </table>		M M / D D / Y Y Y Y	06 / 22 / 2016
M M / D D / Y Y Y Y					
06 / 22 / 2016					
Mailing Address 820 FIRST ST NE FL 8		Amount of Each Disbursement this Period			
City WASHINGTON State DC Zip Code 20002		<table border="1"> <tr> <td>-233.83</td> </tr> </table>		-233.83	
-233.83					
Purpose of Disbursement 3/17 DISBURSEMENT CHECK NOT CASHED		<input type="checkbox"/> Memo Item			
Candidate Name		Transaction ID : SB17.I2478			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>-173.45</td> </tr> </table>	-173.45
-173.45		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 63 OF 86			
	<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)
Marino for Congress

A. COMMUNICATIONS CONCEPTS

Full Name (Last, First, Middle Initial)
Mailing Address 2906 WILLIAM PENN HWY

City EASTON State PA Zip Code 18045

Purpose of Disbursement
VOTER CONTACT PHONES

Candidate Name

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

State: District:

Date of Disbursement: 04 / 11 / 2016

Amount of Each Disbursement this Period: 2000.00

Memo Item

Transaction ID : SB17.I2452

B. COMMUNICATIONS CONCEPTS

Full Name (Last, First, Middle Initial)
Mailing Address 2906 WILLIAM PENN HWY

City EASTON State PA Zip Code 18045

Purpose of Disbursement
VOTER CONTACT PHONES

Candidate Name

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

State: District:

Date of Disbursement: 04 / 26 / 2016

Amount of Each Disbursement this Period: 1200.00

Memo Item

Transaction ID : SB17.I2453

C. COUNTRY STORE

Full Name (Last, First, Middle Initial)
Mailing Address 607 VILLAGE RD

City PENNSDALE State PA Zip Code 17756

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

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

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 377.37

Memo Item

Transaction ID : SB17.I2523

SUBTOTAL of Disbursements This Page (optional) 3577.37

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. DEIMLER BUTCHER SHOP			Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016	
Mailing Address 633 NUMER RD			Amount of Each Disbursement this Period 300.00	
City NEWPORT	State PA	Zip Code 17074	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FOOD/BEVERAGE		Category/ Type	Transaction ID : SB17.I2515	
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. DISTRICT CITY CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016	
Mailing Address 1217 DELAFIELD PL NW			Amount of Each Disbursement this Period 4616.33	
City WASHINGTON	State DC	Zip Code 20011	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.I2451	
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) C. DISTRICT CITY CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016	
Mailing Address 1217 DELAFIELD PL NW			Amount of Each Disbursement this Period 8994.25	
City WASHINGTON	State DC	Zip Code 20011	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING; CONSULTANT EXPENSES		Category/ Type	Transaction ID : SB17.I2483	
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: _____			

SUBTOTAL of Disbursements This Page (optional)	13910.58
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. DISTRICT CITY CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2016
Mailing Address 1217 DELAFIELD PL NW		Amount of Each Disbursement this Period 4526.87
City WASHINGTON State DC Zip Code 20011	Purpose of Disbursement FUNDRAISING CONSULTING; CONSULTANT EXPENSES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2487
State: District:		

Full Name (Last, First, Middle Initial) B. ELECTION CFO LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1407.74
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2447
State: District:		

Full Name (Last, First, Middle Initial) C. ELECTION CFO LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2016
Mailing Address P.O. BOX 26141		Amount of Each Disbursement this Period 1350.27
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2448
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7284.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. ELECTION CFO LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016		
Mailing Address P.O. BOX 26141			Amount of Each Disbursement this Period 1340.62		
City ALEXANDRIA	State VA	Zip Code 22313	<input type="checkbox"/> Memo Item Transaction ID : SB17.I2484		
Purpose of Disbursement COMPLIANCE CONSULTING; CONSULTANT EXPENSES		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. EXECUTIVE PRESS			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address 10412 MAIN STREET			Amount of Each Disbursement this Period 2942.20		
City FAIRFAX	State VA	Zip Code 22030	<input type="checkbox"/> Memo Item Transaction ID : SB17.I2526		
Purpose of Disbursement PRINTING		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) C. HARFORD FIRE COMPANY			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016		
Mailing Address PO BOX 206			Amount of Each Disbursement this Period 250.00		
City HARFORD	State PA	Zip Code 18823	<input type="checkbox"/> Memo Item Transaction ID : SB17.I2501		
Purpose of Disbursement EVENT VENUE RENTAL		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:					

SUBTOTAL of Disbursements This Page (optional).....	4532.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. HARFORD FIRE COMPANY		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address PO BOX 206		Amount of Each Disbursement this Period 275.00
City HARFORD	State PA	
Zip Code 18823	Purpose of Disbursement EVENT VENUE RENTAL	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2516
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. LN CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address 121 STATE ST		Amount of Each Disbursement this Period 1000.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement STRATEGIC CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2480
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) C. LN CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2016
Mailing Address 121 STATE ST		Amount of Each Disbursement this Period 1000.00
City HARRISBURG	State PA	
Zip Code 17101	Purpose of Disbursement STRATEGIC CONSULTING	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.I2502
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:		

SUBTOTAL of Disbursements This Page (optional).....	2275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. PERRY COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address 452 NEKODA RD		Amount of Each Disbursement this Period 500.00
City MILLERSTOWN State PA Zip Code 17062	Purpose of Disbursement CONTRIBUTION	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2450
State: District:		

Full Name (Last, First, Middle Initial) B. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016
Mailing Address ONE PNC PLAZA 249 FIFTH AVE		Amount of Each Disbursement this Period 5382.33
City PITTSBURGH State PA Zip Code 15222	Purpose of Disbursement CC PAYMENT (ITEMIZED BELOW)	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2309
State: District:		

Full Name (Last, First, Middle Initial) C. 33 EAST		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 33 EAST THIRD STREET		Amount of Each Disbursement this Period 2622.28
City WILLIAMSPORT State PA Zip Code 17701	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2553 PNC BANK, 4/7/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5882.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2016
Mailing Address 50 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 121.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2569 PNC BANK, 4/7/2016
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016
Mailing Address 50 MASSACHUSETTS AVENUE NE		Amount of Each Disbursement this Period 200.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2570 PNC BANK, 4/7/2016
State: District:		

Full Name (Last, First, Middle Initial) C. COUNTRY INN & SUITES		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016
Mailing Address 11340 BLONDO ST		Amount of Each Disbursement this Period 108.17
City OMAHA State NE Zip Code 68164	Purpose of Disbursement LODGING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2555 PNC BANK, 4/7/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address THREE RAVINIA DR, SUITE 100		Amount of Each Disbursement this Period 97.01
City ATLANTA	State GA	
Zip Code 30346	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2556
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)	PNC BANK, 4/7/2016
State: District:		

Full Name (Last, First, Middle Initial) B. HOUSE OF REPRESENTATIVES GIFT SHOP		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address B218 LONGWORTH BLDG		Amount of Each Disbursement this Period 213.00
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement DONOR APPRECIATION ITEMS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2571
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)	PNC BANK, 4/7/2016
State: District:		

Full Name (Last, First, Middle Initial) C. HOUSE OF REPRESENTATIVES GIFT SHOP		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address B218 LONGWORTH BLDG		Amount of Each Disbursement this Period 365.00
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement DONOR APPRECIATION ITEMS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2572
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)	PNC BANK, 4/7/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 10400 FERNWOOD RD		Amount of Each Disbursement this Period 105.96
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2560 PNC BANK, 4/7/2016
State: District:		

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 02 / 24 / 2016
Mailing Address 10400 FERNWOOD RD		Amount of Each Disbursement this Period 347.53
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement LODGING	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2567 PNC BANK, 4/7/2016
State: District:		

Full Name (Last, First, Middle Initial) C. SHEETZ		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 5700 6TH AVE		Amount of Each Disbursement this Period 30.17
City ALTOONA	State PA	
Zip Code 16602	Purpose of Disbursement GAS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2579 PNC BANK, 4/7/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 26.61
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2574 PNC BANK, 4/7/2016

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement MM / DD / YYYY 02 / 15 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 26.34
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2580 PNC BANK, 4/7/2016

Full Name (Last, First, Middle Initial) C. TURKEY HILL		Date of Disbursement MM / DD / YYYY 02 / 10 / 2016
Mailing Address 357 PIERCE STREET		Amount of Each Disbursement this Period 26.18
City KINGSTON	State PA Zip Code 18704	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2573 PNC BANK, 4/7/2016

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. PNC BANK		Date of Disbursement MM / DD / YYYY 04 / 29 / 2016
Mailing Address ONE PNC PLAZA 249 FIFTH AVE		Amount of Each Disbursement this Period 50.00
City PITTSBURGH	State PA Zip Code 15222	
Purpose of Disbursement BANK FEE	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2440

Full Name (Last, First, Middle Initial) B. PNC BANK		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address ONE PNC PLAZA 249 FIFTH AVE		Amount of Each Disbursement this Period 5090.82
City PITTSBURGH	State PA Zip Code 15222	
Purpose of Disbursement CREDIT CARD PAYMENT	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2481

Full Name (Last, First, Middle Initial) C. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 03 / 15 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 139.05
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2599 PNC BANK, 5/9/2016

SUBTOTAL of Disbursements This Page (optional).....	5140.82
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 86			
	<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)
Marino for Congress

A. CAPITOL HILL SUITES

Full Name (Last, First, Middle Initial)
Mailing Address 200 C ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 22 / 2016

Amount of Each Disbursement this Period: 271.54

Memo Item

Transaction ID : SB17.I2600
PNC BANK, 5/9/2016

B. HAMPTON INN

Full Name (Last, First, Middle Initial)
Mailing Address 7390 JONES BRANCH DR. STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2016

Amount of Each Disbursement this Period: 128.96

Memo Item

Transaction ID : SB17.I2604
PNC BANK, 5/9/2016

C. HAMPTON INN

Full Name (Last, First, Middle Initial)
Mailing Address 7390 JONES BRANCH DR. STE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 31 / 2016

Amount of Each Disbursement this Period: 128.01

Memo Item

Transaction ID : SB17.I2605
PNC BANK, 5/9/2016

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 7390 JONES BRANCH DR. STE 1100		Amount of Each Disbursement this Period 124.69
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2606 PNC BANK, 5/9/2016
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 04 / 05 / 2016
Mailing Address THREE RAVINIA DR, SUITE 100		Amount of Each Disbursement this Period 129.71
City ATLANTA	State GA	
Zip Code 30346	Purpose of Disbursement TRAVEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2609 PNC BANK, 5/9/2016
State: District:		

Full Name (Last, First, Middle Initial) C. HOUSE OF REPRESENTATIVES GIFT SHOP		Date of Disbursement MM / DD / YYYY 03 / 22 / 2016
Mailing Address B218 LONGWORTH BLDG		Amount of Each Disbursement this Period 61.10
City WASHINGTON	State DC	
Zip Code 20515	Purpose of Disbursement DONOR ACKNOWLEDGMENT	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
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)	Transaction ID : SB17.I2610 PNC BANK, 5/9/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. SHEETZ		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016
Mailing Address 5700 6TH AVE		Amount of Each Disbursement this Period 40.00
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement GAS	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2617 PNC BANK, 5/9/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SHEETZ		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016
Mailing Address 5700 6TH AVE		Amount of Each Disbursement this Period 39.33
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement GAS	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2618 PNC BANK, 5/9/2016
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHEETZ		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 5700 6TH AVE		Amount of Each Disbursement this Period 27.44
City ALTOONA State PA Zip Code 16602	Purpose of Disbursement GAS	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
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)	Transaction ID : SB17.I2619 PNC BANK, 5/9/2016
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. SHEETZ		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 5700 6TH AVE		Amount of Each Disbursement this Period 35.35
City ALTOONA	State PA Zip Code 16602	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2620 PNC BANK, 5/9/2016

Full Name (Last, First, Middle Initial) B. SMILERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 600 N MAIN ST		Amount of Each Disbursement this Period 80.80
City DICKSON CITY	State PA Zip Code 18519	
Purpose of Disbursement FOOD/BEVERAGES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2621 PNC BANK, 5/9/2016

Full Name (Last, First, Middle Initial) C. SMILERS		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2016
Mailing Address 600 N MAIN ST		Amount of Each Disbursement this Period 70.12
City DICKSON CITY	State PA Zip Code 18519	
Purpose of Disbursement FOOD/BEVERAGES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2622 PNC BANK, 5/9/2016

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 51.18
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2624 PNC BANK, 5/9/2016

Full Name (Last, First, Middle Initial) B. TRATTORIA ALBERTO		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016
Mailing Address 506 EIGHTH STREET, SE		Amount of Each Disbursement this Period 787.36
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGES	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2627 PNC BANK, 5/9/2016

Full Name (Last, First, Middle Initial) C. TURKEY HILL		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2016
Mailing Address 357 PIERCE STREET		Amount of Each Disbursement this Period 8.99
City KINGSTON	State PA Zip Code 18704	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2628 PNC BANK, 5/9/2016

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. WEIS MARKETS		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2016
Mailing Address 1916 LYCOMING CREEK ROAD		Amount of Each Disbursement this Period 133.20
City WILLIAMSPORT	State PA	
Zip Code 17701	Purpose of Disbursement FOOD/BEVERAGES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2634
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)	PNC BANK, 5/9/2016
State: District:		

Full Name (Last, First, Middle Initial) B. PNC BANK		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016
Mailing Address ONE PNC PLAZA 249 FIFTH AVE		Amount of Each Disbursement this Period 3126.38
City PITTSBURGH	State PA	
Zip Code 15222	Purpose of Disbursement CREDIT CARD PAYMENT	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2497
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) C. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 10.15
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2642
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)	PNC BANK, 6/7/2016
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3126.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. HOOTSUITE		Date of Disbursement MM / DD / YYYY 04 / 17 / 2016
Mailing Address 5 E 8TH AVE		Amount of Each Disbursement this Period 1398.57
City VANCOUVER, CANADA	State ZZ	
Zip Code 11111	Purpose of Disbursement WEBSITE EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2650 PNC BANK, 6/7/2016
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. SMILERS		Date of Disbursement MM / DD / YYYY 04 / 12 / 2016
Mailing Address 600 N MAIN ST		Amount of Each Disbursement this Period 124.95
City DICKSON CITY	State PA	
Zip Code 18519	Purpose of Disbursement FOOD/BEVERAGE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2660 PNC BANK, 6/7/2016
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) C. SUNOCO		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 36.39
City PHILADELPHIA	State PA	
Zip Code 19103	Purpose of Disbursement GAS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2661 PNC BANK, 6/7/2016
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 86			
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 36.78
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2662 PNC BANK, 6/7/2016

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 37.06
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2663 PNC BANK, 6/7/2016

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 19.65
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2664 PNC BANK, 6/7/2016

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 38.31
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2665 PNC BANK, 6/7/2016

Full Name (Last, First, Middle Initial) B. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 53.39
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2666 PNC BANK, 6/7/2016

Full Name (Last, First, Middle Initial) C. SUNOCO		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2016
Mailing Address 1818 MARKET STREET STE 1500		Amount of Each Disbursement this Period 41.82
City PHILADELPHIA	State PA Zip Code 19103	
Purpose of Disbursement GAS	Candidate Name	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.I2667 PNC BANK, 6/7/2016

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 86			
	<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)
Marino for Congress

A. TURKEY HILL

Full Name (Last, First, Middle Initial)
Mailing Address 357 PIERCE STREET

City KINGSTON State PA Zip Code 18704

Purpose of Disbursement GAS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 21 / 2016

Amount of Each Disbursement this Period: 50.64

Memo Item

Transaction ID : SB17.I2668
PNC BANK, 6/7/2016

B. USPS

Full Name (Last, First, Middle Initial)
Mailing Address 475 L'ENFANT PLAZA SW

City D.C. State DC Zip Code 20260

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2016

Amount of Each Disbursement this Period: 9.40

Memo Item

Transaction ID : SB17.I2669
PNC BANK, 6/7/2016

C. VISTA PRINT

Full Name (Last, First, Middle Initial)
Mailing Address 95 HAYDEN AVENUE

City LEXINGTON State MA Zip Code 02421

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 02 / 2016

Amount of Each Disbursement this Period: 52.40

Memo Item

Transaction ID : SB17.I2670
PNC BANK, 6/7/2016

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. VISTA PRINT			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 95 HAYDEN AVENUE			Amount of Each Disbursement this Period 82.38	
City LEXINGTON	State MA	Zip Code 02421	Category/ Type	
Purpose of Disbursement PRINTING				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2671 PNC BANK, 6/7/2016	
State: District:				

Full Name (Last, First, Middle Initial) B. VISTA PRINT			Date of Disbursement MM / DD / YYYY 05 / 02 / 2016	
Mailing Address 95 HAYDEN AVENUE			Amount of Each Disbursement this Period 82.38	
City LEXINGTON	State MA	Zip Code 02421	Category/ Type	
Purpose of Disbursement PRINTING				
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2672 PNC BANK, 6/7/2016	
State: District:				

Full Name (Last, First, Middle Initial) C. VERIZON			Date of Disbursement MM / DD / YYYY 04 / 26 / 2016	
Mailing Address P.O. BOX 25505			Amount of Each Disbursement this Period 149.75	
City LEHIGH VALLEY	State PA	Zip Code 18002	Category/ Type	
Purpose of Disbursement PHONES				
Candidate Name			<input type="checkbox"/> Memo Item	
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)		Transaction ID : SB17.I2454	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	149.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. VERIZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address P.O. BOX 25505		Amount of Each Disbursement this Period 150.01
City LEHIGH VALLEY	State PA	
Zip Code 18002	Purpose of Disbursement PHONE	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2485
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. JUNIATA COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 24760 TR 333		Amount of Each Disbursement this Period 100.00
City THOMPSONTOWN	State PA	
Zip Code 17094	Purpose of Disbursement EVENT TICKETS	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.I2528
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) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	250.01
TOTAL This Period (last page this line number only).....	93163.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 86	
	<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)
Marino for Congress

Full Name (Last, First, Middle Initial) A. MONROE COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016
Mailing Address 112A PARK AVENUE		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.I2503
City STROUDSBURG	State PA Zip Code 18360	
Purpose of Disbursement CONTRIBUTION TO NON-FEDERAL COMMITTEE		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. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 112 STATE STREET SUITE 900		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.I2491
City HARRISBURG	State PA Zip Code 17101	
Purpose of Disbursement CONVENTION DUES		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) C. REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 112 STATE STREET SUITE 900		Amount of Each Disbursement this Period 115.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.I2492
City HARRISBURG	State PA Zip Code 17101	
Purpose of Disbursement EVENT TICKET		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:		

SUBTOTAL of Disbursements This Page (optional).....	2115.00
TOTAL This Period (last page this line number only).....	2115.00