

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

Michael Grimm for Congress

ADDRESS (number and street)

PO Box 61806

Check if different than previously reported. (ACC)

Staten Island

NY

10306-7806

2. FEC IDENTIFICATION NUMBER ▼

C C00470807

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

11

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 11 / 04 / 2014 in the State of NY

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

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 Robert Carlin

Signature of Treasurer Robert Carlin

[Electronically Filed]

Date

12 / 02 / 2014

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

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Michael Grimm for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 9648.00 | 1911181.73 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 6315.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 9648.00 | 1904866.73 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 308515.66 | 1909133.80 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 15152.94 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 308515.66 | 1893980.86 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 326062.83 | |
| 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)..... | 431788.41 | |

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

Michael Grimm for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 4050.00 | 930635.52 |
| (ii) Unitemized..... | 3598.00 | 36289.52 |
| (iii) TOTAL of contributions from individuals ▶ | 7648.00 | 966925.04 |
| (b) Political Party Committees..... | 0.00 | 150.00 |
| (c) Other Political Committees (such as PACs)..... | 2000.00 | 944106.69 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 9648.00 | 1911181.73 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 65662.91 |
| 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 | 15152.94 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 769.88 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 9648.00 | 1992767.46 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 308515.66 | 1909133.80 |
| 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 | 6315.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 6315.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 20880.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 308515.66 | 1936328.80 |

III. CASH SUMMARY

| | |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 624930.49 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 9648.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 634578.49 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 308515.66 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 326062.83 |

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

| | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 OF 49 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Dong-Joon Lee

Mailing Address 291 Hillbrook Drive

City Staten Island State NY Zip Code 10305-2820

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1950.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A185B9F683D3C47A4B0D

Amount of Each Receipt this Period
1000.00

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

Mailing Address 125 Quassaick Avenue

City New Windsor State NY Zip Code 12553-6635

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : A19FBAD677DEB408BA29

Amount of Each Receipt this Period
500.00

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

Mailing Address 2847 Harbor Road

City Merrick State NY Zip Code 11566-4609

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

Name of Employer Time Warner Cable Occupation Senior Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : ABE9E34D1B471498AB02

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

| | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 49 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

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

Mailing Address 232 Robinson Avenue

City Staten Island State NY Zip Code 10312-6216

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1025.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : AE7E10B74E6194088B39

Amount of Each Receipt this Period
100.00

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

Mailing Address 52 Lenzie Street

City Staten Island State NY Zip Code 10312-6118

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

Name of Employer Aversa Bros Industrial Inc Occupation Industrial Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2175.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : A0CA7EE8869794AA5ABC

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Linda M Picciallo

Mailing Address 133 Bennett Place

City Staten Island State NY Zip Code 10312-6366

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

Name of Employer Self Employed Occupation Management of Building Company

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 01 / 2014

Transaction ID : AC09F870BACCE4326B0F

Amount of Each Receipt this Period
200.00

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

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

400.00

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

| | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 49 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Karen Aversa

Mailing Address 52 Lenzie Street

City Staten Island State NY Zip Code 10312-6118

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

Name of Employer YMCA Occupation Sales Assoc

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : AB431FAB548FD4A1CA13

Amount of Each Receipt this Period
100.00

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

Mailing Address 1029 73rd Street

City Brooklyn State NY Zip Code 11228-1915

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

Name of Employer ZW Plumbing & Heating Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : A0B540E74FE3E4261978

Amount of Each Receipt this Period
250.00

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

Mailing Address 61 Shore Acres Rd

City Staten Island State NY Zip Code 10305-3911

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

Name of Employer Maimonides Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014

Transaction ID : AFE7F095E745D47F2930

Amount of Each Receipt this Period
100.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 8 OF 49
(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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Jeanette Milione

Mailing Address 40 E Figurea Avenue

City Staten Island State NY Zip Code 10308-1325

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 09 / 2014

Transaction ID : A3CE57C6FD6EA4BC6AC3

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dong-Joon Lee

Mailing Address 291 Hillbrook Drive

City Staten Island State NY Zip Code 10305-2820

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1950.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2014

Transaction ID : A50F7769387FC4FCC9B4

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Bartholomew H. Sharp

Mailing Address 161 Sharrott Avenue

City Staten Island State NY Zip Code 10309-3322

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1200.00**

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

Transaction ID : AC726BAFD9DAF48759D4

Amount of Each Receipt this Period
200.00

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

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

400.00

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

| | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 49 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Zbigniew Wanielista

Mailing Address 1029 73rd Street

City State Zip Code
Brooklyn NY 11228-1915

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

Name of Employer Occupation
ZW Plumbing & Heating Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : A36566A3124964B299FA

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Fern Ann Taormina

Mailing Address 25 Ryan Place

City State Zip Code
Staten Island NY 10312-6066

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
425.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : A2BEF781E6B6C4054B68

Amount of Each Receipt this Period
200.00

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

Mailing Address 4 Royal Oak Road

City State Zip Code
Staten Island NY 10314-2511

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2014

Transaction ID : A82314AA3ABA94865B76

Amount of Each Receipt this Period
100.00

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

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

550.00

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

| | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 49 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
Brian McBride

Mailing Address 11 Palmieri Ln

City Staten Island State NY Zip Code 10309-3444

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

Name of Employer DVM Equipment, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2014

Transaction ID : A31600DB85B2748ABB8D

Amount of Each Receipt this Period
 250.00

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

Mailing Address 10 Lerer Lane

City Staten Island State NY Zip Code 10307-2401

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

Name of Employer MetLife Occupation Financial Planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : ABBA3069DA56847D5A41

Amount of Each Receipt this Period
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

4050.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

| | | | |
|--------------------------------------|-------------------------------------|------------------------------------------------|------------------------------------|
| FOR LINE NUMBER: (check only one) | | PAGE 11 OF 49 | |
| <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 | |

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)
Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077-0425

FEC ID number of contributing federal political committee. **C** C00386755

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 03 | | 2014 |

Transaction ID : AF10B338DC89C4EDE944

Amount of Each Receipt this Period
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

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

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

2000.00

2000.00

**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 12 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Eventbrite | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014 |
| Mailing Address 651 Brannan Street | | Amount of Each Disbursement this Period 25.96 Transaction ID : BDCCA493FBEE84C4DA34 |
| City San Francisco | State CA Zip Code 94107-1532 | |
| Purpose of Disbursement Credit Card Merchant Fee | Category/Type 003 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 19.24 Transaction ID : B7F224441F3CE4CB6958 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | Category/Type 003 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Strategic Partners & Media | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014 |
| Mailing Address 575 Main Street Suite 251 | | Amount of Each Disbursement this Period 8000.00 Transaction ID : BFFFA0F95B2584790889 |
| City Laurel | State MD Zip Code 20707-4353 | |
| Purpose of Disbursement Media Buy | Category/Type 004 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | 8045.20 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|-------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Orange32 | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address 5017 5th Street | | Amount of Each Disbursement this Period 1050.97 Transaction ID : B0958471F74F74F99A56 |
| City Long Island City State NY Zip Code 11101-5786 | Purpose of Disbursement Printing Category/Type 006 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Eventbrite | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address 651 Brannan Street | | Amount of Each Disbursement this Period 12.98 Transaction ID : BE4C3845111524D12B7C |
| City San Francisco State CA Zip Code 94107-1532 | Purpose of Disbursement Credit Card Merchant Fee Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Interstate EDP & Direct Mail, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014 |
| Mailing Address 754 4th Avenue | | Amount of Each Disbursement this Period 19970.71 Transaction ID : BE1F229D9AEDA470F838 |
| City Brooklyn State NY Zip Code 11232-1414 | Purpose of Disbursement Direct Mail & Postage Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | |
|-----------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 21034.66 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 14 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Luke's Copy Shop | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014 |
| Mailing Address 2506 Hylan Boulevard | | Amount of Each Disbursement this Period 19375.68 Transaction ID : BAB0917D09A5245AFA0C |
| City Staten Island State NY Zip Code 10306-4366 | Purpose of Disbursement Printing 003 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mentzer Media Services, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014 |
| Mailing Address 600 Fairmount Avenue Suite 306 | | Amount of Each Disbursement this Period 103642.00 Transaction ID : BEDF948AB8B814A0D9A5 |
| City Towson State MD Zip Code 21286-1002 | Purpose of Disbursement Media Buy 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 8.00 Transaction ID : B25AB26AF133D4A90A11 |
| City ONLINE State Zip Code | Purpose of Disbursement Credit Card Merchant Fee 003 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|------------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 123025.68 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|-------------------------------------------------------------------------|-----------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 15 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Hilton Garden Inn | | Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014 |
| Mailing Address 1100 South Avenue | | Amount of Each Disbursement this Period 2358.97 Transaction ID : B5B04D68C003A4065A49 |
| City Staten Island State NY Zip Code 10314-3410 | Purpose of Disbursement Food & Beverage Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 2.38 Transaction ID : B894CD73CD9334EC09A5 |
| City ONLINE State Zip Code | Purpose of Disbursement Credit Card Merchant Fee Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Eventbrite | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address 651 Brannan Street | | Amount of Each Disbursement this Period 6.49 Transaction ID : B3D91C334F6C944AC92A |
| City San Francisco State CA Zip Code 94107-1532 | Purpose of Disbursement Credit Card Merchant Fee Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2367.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 75.49 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | Category/Type 003 | Transaction ID : B19F085018FDF44E0814 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014 |
| Mailing Address 300 1st Street SE | | Amount of Each Disbursement this Period 1449.88 |
| City Washington | State DC Zip Code 20003-1801 | |
| Purpose of Disbursement Food & Beverage | Category/Type 003 | Transaction ID : B3E661D25450C4C65A58 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Antonio Monaco | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014 |
| Mailing Address 7610 13th Avenue 2 FLOOR # 12 | | Amount of Each Disbursement this Period 1200.00 |
| City Brooklyn | State NY Zip Code 11228-2446 | |
| Purpose of Disbursement Rent | Category/Type 001 | Transaction ID : BEA6347CA17304FCAB70 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2725.37 |
| 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 17 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Stacey Sclafani | | Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014 |
| Mailing Address 255 Rudyard Street | | Amount of Each Disbursement this Period 2500.00 Transaction ID : B667BB2F6675641E8B7E |
| City Staten Island State NY Zip Code 10306-5013 | Purpose of Disbursement Fundraising Consulting Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Stacey Sclafani | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 255 Rudyard Street | | Amount of Each Disbursement this Period 20.00 Transaction ID : BF8AECCF4127849548C1 |
| City Staten Island State NY Zip Code 10306-5013 | Purpose of Disbursement Transportation Candidate Name Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Kenneth Annarummo | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 1039 81st Street | | Amount of Each Disbursement this Period 669.17 Transaction ID : BB513070BA4BE4D3D9DB |
| City Brooklyn State NY Zip Code 11228-2915 | Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3189.17 |
| 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 18 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Interstate EDP & Direct Mail, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 754 4th Avenue | | Amount of Each Disbursement this Period 218.51 Transaction ID : B8039154B61074F53900 |
| City Brooklyn State NY Zip Code 11232-1414 | Purpose of Disbursement Direct Mail Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Richmond County Republican Committee | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 2300 Richmond Road | | Amount of Each Disbursement this Period 1000.00 Transaction ID : B2C41040DB489469DBBA |
| City Staten Island State NY Zip Code 10314-3904 | Purpose of Disbursement Rent Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Strategic Partners & Media | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 575 Main Street Suite 251 | | Amount of Each Disbursement this Period 3500.00 Transaction ID : BCF24F95490424D27BC9 |
| City Laurel State MD Zip Code 20707-4353 | Purpose of Disbursement Online Fundraising Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4718.51 |
| 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 19 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Orange32 | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 5017 5th Street | | Amount of Each Disbursement this Period 9,999,999.99 15.40 |
| City State Zip Code Long Island City NY 11101-5786 | Purpose of Disbursement Printing | |
| Candidate Name | Category/Type 004 | Transaction ID : B8A28152C8A244663ACB |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Jewish Community Center of Staten Island | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 1466 Manor Road | | Amount of Each Disbursement this Period 9,999,999.99 450.00 |
| City State Zip Code Staten Island NY 10314-7027 | Purpose of Disbursement Ad | |
| Candidate Name | Category/Type 004 | Transaction ID : B37CBEAB50AB94C6EAA5 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Community Resources Capital Foundation | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 3460 Victory Boulevard | | Amount of Each Disbursement this Period 9,999,999.99 500.00 |
| City State Zip Code Staten Island NY 10314-6721 | Purpose of Disbursement Ad | |
| Candidate Name | Category/Type 004 | Transaction ID : BC7DCC64DC5B8494EA2E |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 965.40 |
| 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 20 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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)
Michael Grimm for Congress

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Pietrosfight.org | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 18 77th Street | | | Amount of Each Disbursement this Period 553.00 Transaction ID : B9ABA568BCB4C4AAD8E1 |
| City Brooklyn | State NY | Zip Code 11209-2802 | |
| Purpose of Disbursement Donation | | Candidate Name | Category/ Type 012 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. STRIPE | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 3180 18th Street | | | Amount of Each Disbursement this Period 7.55 Transaction ID : B39BEBF22A2324BFCBE5 |
| City San Francisco | State CA | Zip Code 94110-2043 | |
| Purpose of Disbursement Credit Card Merchant Fee | | Candidate Name | Category/ Type 003 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Retribution LEMC | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 2032 W 4th Street | | | Amount of Each Disbursement this Period 125.00 Transaction ID : BF28AE0BA7DBA46038B1 |
| City Brooklyn | State NY | Zip Code 11223-3837 | |
| Purpose of Disbursement Ad | | Candidate Name | Category/ Type 004 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: | District: | | |

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 685.55 |
| 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 21 OF 49 | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Aristotle | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 205 Pennsylvania Avenue SE | | Amount of Each Disbursement this Period 2100.00 Transaction ID : BA313A98012FE4418B48 |
| City Washington State DC Zip Code 20003-1164 | Purpose of Disbursement Compliance Software Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. VoterTrove | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 921 Cavalry Ride Trail | | Amount of Each Disbursement this Period 1900.00 Transaction ID : BCEAE06D061AE473A822 |
| City Austin State TX Zip Code 78732-2370 | Purpose of Disbursement Online Fundraising Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Historic Richmond Town | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 441 Clarke Avenue | | Amount of Each Disbursement this Period 415.00 Transaction ID : B37155FB5642041DCA85 |
| City Staten Island State NY Zip Code 10306-1125 | Purpose of Disbursement Facility Rental Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4415.00 |
| 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 22 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Salient MG, LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 575 Main Street Suite 251 | | Amount of Each Disbursement this Period 5939.00 Transaction ID : B693A6D60E45A422D912 |
| City Laurel | State MD Zip Code 20707-4353 | |
| Purpose of Disbursement Online Fundraising | Category/Type 003 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 11.12 Transaction ID : B2BD12A04CC154A09BD1 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | Category/Type 003 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 8.88 Transaction ID : BBB59DC8C506D450E9F4 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | Category/Type 003 | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5939.00 |
| 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 23 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Grassroot.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 3.12 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | 003 | Transaction ID : BC32B74B6730F4850B8D |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Grassroot.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 37.99 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | 003 | Transaction ID : B8204BB36607B4CDFB10 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Interstate EDP & Direct Mail, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 754 4th Avenue | | Amount of Each Disbursement this Period 21160.40 |
| City Brooklyn | State NY Zip Code 11232-1414 | |
| Purpose of Disbursement Direct Mail | 003 | Transaction ID : B035C88B429D0483CA77 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 21201.51 |
| 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 24 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Interstate EDP & Direct Mail, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 754 4th Avenue | | Amount of Each Disbursement this Period 14527.18 Transaction ID : BE58B4CB913104D268DC |
| City Brooklyn State NY Zip Code 11232-1414 | Purpose of Disbursement Direct Mail 003 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Mentzer Media Services, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address 600 Fairmount Avenue Suite 306 | | Amount of Each Disbursement this Period 73900.00 Transaction ID : B4D94535F217643688C2 |
| City Towson State MD Zip Code 21286-1002 | Purpose of Disbursement Media Buy 004 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Grasslot.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 16.00 Transaction ID : BEC7086C19C344E76946 |
| City ONLINE State Zip Code | Purpose of Disbursement Credit Card Merchant Fee 003 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 88443.18 |
| 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 25 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Grasslout.com | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014 |
| Mailing Address ONLINE | | Amount of Each Disbursement this Period 7.37 |
| City ONLINE | State Zip Code | |
| Purpose of Disbursement Credit Card Merchant Fee | 003 | Transaction ID : B4FCB65CE86514E33BF9 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. BB&T | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address 1909 K Street NW | | Amount of Each Disbursement this Period 4060.22 |
| City Washington | State Zip Code DC 20006-1152 | |
| Purpose of Disbursement Credit Card Charges | 001 | Transaction ID : B058B33D06CB242F9982 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Yellow Boots Long Term Recovery Goup | | Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2014 |
| Mailing Address 39 Mundy Ave, | | Amount of Each Disbursement this Period 380.00 |
| City Staten Island | State Zip Code NY 10310-2627 | |
| Purpose of Disbursement Donation | 012 | Transaction ID : B0A80B0CD4C444B17B56 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4067.59 |
| 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 26 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Royal Crown Bakery | | Date of Disbursement MM / DD / YYYY 08 / 07 / 2014 |
| Mailing Address 1350 Hylan Boulevard | | Amount of Each Disbursement this Period 47.73 |
| City Staten Island | State NY | |
| Zip Code 10305-1922 | Purpose of Disbursement Transportation | Transaction ID : B84775C57FA6849DE882 |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. ExxonMobil | | Date of Disbursement MM / DD / YYYY 08 / 20 / 2014 |
| Mailing Address 231 Bay Street | | Amount of Each Disbursement this Period 8.39 |
| City Staten Island | State NY | |
| Zip Code 10301-3243 | Purpose of Disbursement Transportation | Transaction ID : BCF4150FDF5294A0A8D9 |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Target | | Date of Disbursement MM / DD / YYYY 08 / 21 / 2014 |
| Mailing Address 2873 Richmond Ave | | Amount of Each Disbursement this Period 325.64 |
| City Staten Island | State NY | |
| Zip Code 10314-5811 | Purpose of Disbursement Office Supplies | Transaction ID : B4D343FEE2CFC40ECB7A |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 27 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. United States Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014 |
| Mailing Address 2562 Hylan Boulevard | | Amount of Each Disbursement this Period 245.00 Transaction ID : B42C44C70221C41AB9B6 |
| City Staten Island State NY Zip Code 10306-8689 | Purpose of Disbursement Postage 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Hotels.com | | Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2014 |
| Mailing Address 10440 N Central Expressway Suite 400 | | Amount of Each Disbursement this Period 197.44 Transaction ID : B4AC9AA1DA2D54AFCA87 |
| City Dallas State TX Zip Code 75231-2228 | Purpose of Disbursement Lodging 002 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. ExxonMobil | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address 231 Bay Street | | Amount of Each Disbursement this Period 52.11 Transaction ID : B25175E30C41D47F5BE1 |
| City Staten Island State NY Zip Code 10301-3243 | Purpose of Disbursement Transportation 002 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 28 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. United States Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014 |
| Mailing Address 2562 Hylan Boulevard | | Amount of Each Disbursement this Period 490.00 Transaction ID : B70C705C11DB848FF9C9 |
| City Staten Island | State NY Zip Code 10306-8689 | |
| Purpose of Disbursement Postage | Category/Type 003 | [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period 71.82 Transaction ID : B0C948D074B914D0D830 |
| City Staten Island | State NY Zip Code 10305-2110 | |
| Purpose of Disbursement Office Supplies | Category/Type 001 | [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. United States Postal Service | | Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014 |
| Mailing Address 2562 Hylan Boulevard | | Amount of Each Disbursement this Period 735.00 Transaction ID : B01DFADE7A23F43D783A |
| City Staten Island | State NY Zip Code 10306-8689 | |
| Purpose of Disbursement Postage | Category/Type 003 | [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|------|
| 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 29 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Amazon.com | | Date of Disbursement MM / DD / YYYY 08 / 29 / 2014 |
| Mailing Address PO Box 81226 | | Amount of Each Disbursement this Period 339.38 |
| City Seattle | State WA | |
| Zip Code 98108-1300 | Purpose of Disbursement Office Supplies | Transaction ID : BD0FAED1647E645578E7 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. ExxonMobil | | Date of Disbursement MM / DD / YYYY 09 / 17 / 2014 |
| Mailing Address 231 Bay Street | | Amount of Each Disbursement this Period 50.01 |
| City Staten Island | State NY | |
| Zip Code 10301-3243 | Purpose of Disbursement Transportation | Transaction ID : B762FD01D5E0C46C9A05 |
| Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement MM / DD / YYYY 09 / 21 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period 50.35 |
| City Staten Island | State NY | |
| Zip Code 10305-2110 | Purpose of Disbursement Office Supplies | Transaction ID : BE7620D144437441AAA4 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 30 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement MM / DD / YYYY 09 / 23 / 2014 |
| Mailing Address PO Box 25505 | | Amount of Each Disbursement this Period 289.46 |
| City Lehigh Valley | State PA | |
| Zip Code 18002-5505 | Purpose of Disbursement Cell Phone Charges | Transaction ID : BB9A7F141C0654DE293D |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. United States Postal Service | | Date of Disbursement MM / DD / YYYY 09 / 23 / 2014 |
| Mailing Address 2562 Hylan Boulevard | | Amount of Each Disbursement this Period 204.22 |
| City Staten Island | State NY | |
| Zip Code 10306-8689 | Purpose of Disbursement Postage | Transaction ID : B6DE9AA671D5049FD8B2 |
| Candidate Name | 003 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Dropbox | | Date of Disbursement MM / DD / YYYY 09 / 24 / 2014 |
| Mailing Address 185 Berry Street Floor 4 | | Amount of Each Disbursement this Period 99.00 |
| City San Francisco | State CA | |
| Zip Code 94107-5705 | Purpose of Disbursement Office Supplies | Transaction ID : B79560A8B1A6C46989F8 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 31 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. BB&T | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2014 |
| Mailing Address 1909 K Street NW | | Amount of Each Disbursement this Period 31.39 |
| City Washington | State DC | |
| Zip Code 20006-1152 | Purpose of Disbursement Finance Charge | Transaction ID : B3BCEFA556B304219917 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. American Express | | Date of Disbursement MM / DD / YYYY 10 / 08 / 2014 |
| Mailing Address PO Box 650448 | | Amount of Each Disbursement this Period 2037.25 |
| City Dallas | State TX | |
| Zip Code 75265-0448 | Purpose of Disbursement Credit Card Charges | Transaction ID : BC382AAA848E447D3875 |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Sunoco | | Date of Disbursement MM / DD / YYYY 06 / 05 / 2014 |
| Mailing Address 700 South Avenue | | Amount of Each Disbursement this Period 78.00 |
| City Staten Island | State NY | |
| Zip Code 10303-1500 | Purpose of Disbursement Transportation | Transaction ID : BEADA4261E32940F7A1D |
| Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2037.25 |
| 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 32 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. AT&T Mobility | | Date of Disbursement MM / DD / YYYY 06 / 10 / 2014 |
| Mailing Address PO Box 6463 | | Amount of Each Disbursement this Period 304.39 Transaction ID : B425CFB478B3042628A4 |
| City Carol Stream | State IL | |
| Zip Code 60197-6463 | Purpose of Disbursement Cell Phone Charges | [MEMO ITEM] |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Shell Oil | | Date of Disbursement MM / DD / YYYY 06 / 20 / 2014 |
| Mailing Address 1769 Arthur Kill Road | | Amount of Each Disbursement this Period 97.25 Transaction ID : B3977F0E2900D411AA8D |
| City Staten Island | State NY | |
| Zip Code 10312-1339 | Purpose of Disbursement Transportation | [MEMO ITEM] |
| Candidate Name | Category/Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. United States Postal Service | | Date of Disbursement MM / DD / YYYY 06 / 24 / 2014 |
| Mailing Address 2562 Hylan Boulevard | | Amount of Each Disbursement this Period 24.99 Transaction ID : B8702262FF8634BACBFE |
| City Staten Island | State NY | |
| Zip Code 10306-8689 | Purpose of Disbursement Postage | [MEMO ITEM] |
| Candidate Name | Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|-----------------------------------------------------------------|------|
| 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 33 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Luke's Copy Shop | | Date of Disbursement MM / DD / YYYY 06 / 24 / 2014 |
| Mailing Address 2506 Hylan Boulevard | | Amount of Each Disbursement this Period \$ 185.08 Transaction ID : B9C2A8EB0100B49A9B8C |
| City Staten Island | State NY | |
| Zip Code 10306-4366 | Purpose of Disbursement Printing | Category/ Type 006 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement MM / DD / YYYY 07 / 07 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period \$ 156.23 Transaction ID : B7FD23EA4D63F4F8BA20 |
| City Staten Island | State NY | |
| Zip Code 10305-2110 | Purpose of Disbursement Office Supplies | Category/ Type 001 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Richmond Operating LLC | | Date of Disbursement MM / DD / YYYY 07 / 07 / 2014 |
| Mailing Address 2990 Victory Boulevard | | Amount of Each Disbursement this Period \$ 53.04 Transaction ID : B4701D168608443FA97B |
| City Staten Island | State NY | |
| Zip Code 10314-6605 | Purpose of Disbursement Transportation | Category/ Type 002 |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | |
|-----------------------------------------------------------------|---------|
| 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 34 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Orange32 | | Date of Disbursement MM / DD / YYYY 07 / 08 / 2014 |
| Mailing Address 5017 5th Street | | Amount of Each Disbursement this Period 762.12 |
| City Long Island City | State NY | |
| Zip Code 11101-5786 | Purpose of Disbursement Printing | Transaction ID : BCD15899214D14A67AEF |
| Candidate Name | 006 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement MM / DD / YYYY 07 / 08 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period 204.43 |
| City Staten Island | State NY | |
| Zip Code 10305-2110 | Purpose of Disbursement Office Supplies | Transaction ID : B8FF350086E7D4B10B88 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Richmond Operating LLC | | Date of Disbursement MM / DD / YYYY 07 / 20 / 2014 |
| Mailing Address 2990 Victory Boulevard | | Amount of Each Disbursement this Period 46.72 |
| City Staten Island | State NY | |
| Zip Code 10314-6605 | Purpose of Disbursement Transportation | Transaction ID : BA1CB63365E2E449FB8E |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 35 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. American Express | | Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014 |
| Mailing Address PO Box 650448 | | Amount of Each Disbursement this Period 15024.39 Transaction ID : B6173D8D0E5064F57883 |
| City Dallas State TX Zip Code 75265-0448 | Purpose of Disbursement Credit Card Charges Category/Type 001 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Luke's Copy Shop | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014 |
| Mailing Address 2506 Hylan Boulevard | | Amount of Each Disbursement this Period 5552.63 Transaction ID : B96248CF764E74091BAF [MEMO ITEM] |
| City Staten Island State NY Zip Code 10306-4366 | Purpose of Disbursement Printing Category/Type 004 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Orange32 | | Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2014 |
| Mailing Address 5017 5th Street | | Amount of Each Disbursement this Period 3153.00 Transaction ID : BFCDC6A8C85564E96B11 [MEMO ITEM] |
| City Long Island City State NY Zip Code 11101-5786 | Purpose of Disbursement Online Fundraising Category/Type 003 | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: District: | | |

| | |
|-----------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 15024.39 |
| 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 36 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Richmond Operating LLC | | | Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 2990 Victory Boulevard | | | <input type="text"/> |
| City Staten Island | State NY | Zip Code 10314-6605 | Amount of Each Disbursement this Period <input type="text"/> |
| Purpose of Disbursement Transportation | | <input type="text"/> Category/ Type | <input type="text"/> |
| Candidate Name | | | Transaction ID : B4F6B86C06796407B9D2 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | [MEMO ITEM] |
| State: _____ District: _____ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. AT&T Mobility | | | Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address PO Box 6463 | | | <input type="text"/> |
| City Carol Stream | State IL | Zip Code 60197-6463 | Amount of Each Disbursement this Period <input type="text"/> |
| Purpose of Disbursement Cell Phone Charges | | <input type="text"/> Category/ Type | <input type="text"/> |
| Candidate Name | | | Transaction ID : B8BD4D205278B4074A55 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | [MEMO ITEM] |
| State: _____ District: _____ | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. ExxonMobil | | | Date of Disbursement <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address 231 Bay Street | | | <input type="text"/> |
| City Staten Island | State NY | Zip Code 10301-3243 | Amount of Each Disbursement this Period <input type="text"/> |
| Purpose of Disbursement Transportation | | <input type="text"/> Category/ Type | <input type="text"/> |
| Candidate Name | | | Transaction ID : B8A5951F7C96140C6AE5 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | [MEMO ITEM] |
| State: _____ District: _____ | | | |

| | |
|------------------------------------------------------------------|----------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text"/> |
| 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 37 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Inphonex.com LLC | | Date of Disbursement MM / DD / YYYY 07 / 14 / 2014 |
| Mailing Address 7206 NW 31st St | | Amount of Each Disbursement this Period 2275.13 |
| City Miami | State FL | |
| Zip Code 33122-1216 | Purpose of Disbursement Internet Phone | Transaction ID : B0E3EA14D56624B9E8A3 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Amazon.com | | Date of Disbursement MM / DD / YYYY 07 / 16 / 2014 |
| Mailing Address PO Box 81226 | | Amount of Each Disbursement this Period 87.96 |
| City Seattle | State WA | |
| Zip Code 98108-1300 | Purpose of Disbursement Office Supplies | Transaction ID : B985E7345A8B34AAFA7B |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Shell Oil | | Date of Disbursement MM / DD / YYYY 07 / 19 / 2014 |
| Mailing Address 1769 Arthur Kill Road | | Amount of Each Disbursement this Period 75.08 |
| City Staten Island | State NY | |
| Zip Code 10312-1339 | Purpose of Disbursement Transportation | Transaction ID : B63C2B673C4934D0B874 |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 38 OF 49 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Staples | | Date of Disbursement MM / DD / YYYY 07 / 24 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period 72.69 |
| City Staten Island | State NY | |
| Zip Code 10305-2110 | Purpose of Disbursement Office Supplies | Transaction ID : BA569ACEA0D884B1F842 |
| Candidate Name | 001 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. ExxonMobil | | Date of Disbursement MM / DD / YYYY 07 / 25 / 2014 |
| Mailing Address 231 Bay Street | | Amount of Each Disbursement this Period 75.01 |
| City Staten Island | State NY | |
| Zip Code 10301-3243 | Purpose of Disbursement Transportation | Transaction ID : BCA3F2040BE4F4E5590A |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Hess | | Date of Disbursement MM / DD / YYYY 07 / 30 / 2014 |
| Mailing Address 2488 Hylan Boulevard | | Amount of Each Disbursement this Period 200.00 |
| City Staten Island | State NY | |
| Zip Code 10306-3144 | Purpose of Disbursement Transportation | Transaction ID : BC89FD84DB7EC436A8AD |
| Candidate Name | 002 Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 39 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Lupo Verde | | Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014 |
| Mailing Address 1401 T St NW, | | Amount of Each Disbursement this Period 425.80 Transaction ID : B3953562330794C8E80B |
| City Washington State DC Zip Code 20009-3905 | Purpose of Disbursement Food & Beverage Candidate Name Category/Type 003 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period 201.41 Transaction ID : BC1F8D9D98FB94F0B98A |
| City Staten Island State NY Zip Code 10305-2110 | Purpose of Disbursement Office Supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. The Home Depot | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014 |
| Mailing Address 545 Targee Street | | Amount of Each Disbursement this Period 226.62 Transaction ID : B3A92908D5C394FB7BCC |
| City Staten Island State NY Zip Code 10304-3567 | Purpose of Disbursement Office Supplies Candidate Name Category/Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | [MEMO ITEM] |

| | |
|-----------------------------------------------------------------|------|
| 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 40 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. ExxonMobil | | Date of Disbursement MM / DD / YYYY 08 / 02 / 2014 |
| Mailing Address 231 Bay Street | | Amount of Each Disbursement this Period 75.01 |
| City Staten Island | State NY | |
| Zip Code 10301-3243 | Purpose of Disbursement Transportation | Transaction ID : B92829D7B20BC403086F |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement MM / DD / YYYY 08 / 05 / 2014 |
| Mailing Address 1885 Hylan Boulevard | | Amount of Each Disbursement this Period 15.37 |
| City Staten Island | State NY | |
| Zip Code 10305-2110 | Purpose of Disbursement Office Supplies | Transaction ID : BE661947234574A4599A |
| Candidate Name | Category/ Type 001 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Shell Oil | | Date of Disbursement MM / DD / YYYY 08 / 08 / 2014 |
| Mailing Address 1769 Arthur Kill Road | | Amount of Each Disbursement this Period 71.23 |
| City Staten Island | State NY | |
| Zip Code 10312-1339 | Purpose of Disbursement Transportation | Transaction ID : B0BAB74DF45254A2C857 |
| Candidate Name | Category/ Type 002 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 41 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. United States Postal Service | | Date of Disbursement MM / DD / YYYY 08 / 14 / 2014 |
| Mailing Address 2562 Hylan Boulevard | | Amount of Each Disbursement this Period 11.20 Transaction ID : B1F991B94E78C49F8B35 |
| City Staten Island State NY Zip Code 10306-8689 | Purpose of Disbursement Postage 001 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Maryann's Flower Shop | | Date of Disbursement MM / DD / YYYY 08 / 14 / 2014 |
| Mailing Address 7413 13th Avenue | | Amount of Each Disbursement this Period 136.09 Transaction ID : B37EC09EBA75B48E9A11 |
| City Brooklyn State NY Zip Code 11228-2020 | Purpose of Disbursement Donation 012 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) c. Richmond Operating LLC | | Date of Disbursement MM / DD / YYYY 08 / 14 / 2014 |
| Mailing Address 2990 Victory Boulevard | | Amount of Each Disbursement this Period 55.17 Transaction ID : BE715EBFAA19F4D37997 |
| City Staten Island State NY Zip Code 10314-6605 | Purpose of Disbursement Transportation 002 Category/Type | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| 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 42 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Hess | | | Date of Disbursement MM / DD / YYYY 08 / 16 / 2014 | |
| Mailing Address 2488 Hylan Boulevard | | | Amount of Each Disbursement this Period 50.00 | |
| City Staten Island | State NY | Zip Code 10306-3144 | Transaction ID : B02284413E0CF4844A2C | |
| Purpose of Disbursement Transportation | | Category/ Type 002 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Verizon | | | Date of Disbursement MM / DD / YYYY 08 / 18 / 2014 | |
| Mailing Address PO Box 15124 | | | Amount of Each Disbursement this Period 298.24 | |
| City Albany | State NY | Zip Code 12212-5124 | Transaction ID : B98DA03A3CD074F5DB84 | |
| Purpose of Disbursement Telephone | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) c. Hylan Hardware | | | Date of Disbursement MM / DD / YYYY 08 / 21 / 2014 | |
| Mailing Address 2249 Hylan Boulevard | | | Amount of Each Disbursement this Period 163.35 | |
| City Staten Island | State NY | Zip Code 10306-3228 | Transaction ID : BC0019C49B1BD4FFF99E | |
| Purpose of Disbursement Office Supplies | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

| | |
|------------------------------------------------------------------|------|
| 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 43 OF 49 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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)
Michael Grimm for Congress

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Richmond Operating LLC | | | Date of Disbursement MM / DD / YYYY 08 / 21 / 2014 | |
| Mailing Address 2990 Victory Boulevard | | | Amount of Each Disbursement this Period 56.13 | |
| City Staten Island | State NY | Zip Code 10314-6605 | Transaction ID : BEBB3C2F0804A4B02AE8 | |
| Purpose of Disbursement Transportation | | Category/ Type 002 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Newegg.com | | | Date of Disbursement MM / DD / YYYY 08 / 22 / 2014 | |
| Mailing Address 17708 Rowland St | | | Amount of Each Disbursement this Period 245.97 | |
| City Rowland Heights | State CA | Zip Code 91748-1119 | Transaction ID : BDE196FEAEB31488F905 | |
| Purpose of Disbursement Office Supplies | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) c. American Express | | | Date of Disbursement MM / DD / YYYY 08 / 26 / 2014 | |
| Mailing Address PO Box 650448 | | | Amount of Each Disbursement this Period 361.03 | |
| City Dallas | State TX | Zip Code 75265-0448 | Transaction ID : BDF405AA2173C44C8A00 | |
| Purpose of Disbursement Finance Charge | | Category/ Type 001 | [MEMO ITEM] | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | |
|-----------------------------------------------------------------|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 307905.30 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 44 OF 49 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|--------------------------------------------------------|---------------------------------------|----------------------------------------------------------|
| Outstanding Balance Beginning This Period 231209.30 | Transaction ID : D2988961BB7C3443AAE7 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 231209.30 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 68790.70 | Transaction ID : D7BEF04B3563C494486B | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 68790.70 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 15443.90 | Transaction ID : D547A9181CBD64C7181F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 15443.90 |

| | |
|--------------------------------------------------------------------------------------------------|-----------|
| 1) SUBTOTALS This Period This Page (optional) | 315443.90 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

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

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 45 OF 49 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 1121.20 | Transaction ID : DDC8CCBBBC4164F7CA3F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1121.20 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 1271.67 | Transaction ID : DE2CE9E864FAF4D99BDB | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1271.67 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 1414.90 | Transaction ID : D0FDB249AF84D4BAE833 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1414.90 |

| | |
|--------------------------------------------------------------------------------------------------|---------|
| 1) SUBTOTALS This Period This Page (optional) | 3807.77 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs

Nature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State Zip Code
Washington DC 20037-1309

Outstanding Balance Beginning This Period

Transaction ID : DD6F2654A130649AFAE1

144.50

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

144.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs

Nature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State Zip Code
Washington DC 20037-1309

Outstanding Balance Beginning This Period

Transaction ID : D6FB79D10B0BF4C5FA6B

405.80

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

405.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Patton Boggs

Nature of Debt (Purpose):
Legal Fees

Mailing Address 2550 M Street NW

City State Zip Code
Washington DC 20037-1309

Outstanding Balance Beginning This Period

Transaction ID : D1BB8A6B088914A6CBC8

1745.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1745.00

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

2295.30

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 47 OF 49 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 3281.80 | Transaction ID : DCE31591FC9584568BC7 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 3281.80 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 1412.50 | Transaction ID : DD9AA544CE5264D42802 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1412.50 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 9554.50 | Transaction ID : D727E015E86B84DE2A97 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 9554.50 |

| | |
|--------------------------------------------------------------------------------------------------|----------|
| 1) SUBTOTALS This Period This Page (optional) | 14248.80 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| (Use separate schedule(s) for each numbered line) | PAGE 48 OF 49 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Michael Grimm for Congress

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 39909.59 | Transaction ID : D7CDDA70F8C7E40E995C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 39909.59 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|------------------------------------------------------|---------------------------------------|--------------------------------------------------------|
| Outstanding Balance Beginning This Period 1772.60 | Transaction ID : D7D867FCDADEF46D9A95 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1772.60 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 16000.00 | Transaction ID : DC05DD2408F6A434CB2C | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 16000.00 |

| | |
|--------------------------------------------------------------------------------------------------|----------|
| 1) SUBTOTALS This Period This Page (optional) | 57682.19 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

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

NAME OF COMMITTEE (In Full)
Michael Grimm for Congress

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-----------------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| Outstanding Balance Beginning This Period 793.75 | Transaction ID : DE65B1ABC23E9442B81F | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 793.75 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 26315.50 | Transaction ID : DA46422BCF9654E69AC4 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 26315.50 |

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patton Boggs | Nature of Debt (Purpose): Legal Fees |
| Mailing Address 2550 M Street NW | |
| City State Zip Code Washington DC 20037-1309 | |

| | | |
|-------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| Outstanding Balance Beginning This Period 11201.20 | Transaction ID : DB0238D11275F4333A11 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 11201.20 |

| | |
|--------------------------------------------------------------------------------------------------|-----------|
| 1) SUBTOTALS This Period This Page (optional) | 38310.45 |
| 2) TOTALS This Period (last page this line number only) | 431788.41 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 431788.41 |