

Fax cover sheet

From Committee for truth in county government

Fax to FEC

Form 9 Processing Unit

1-202-219-0174

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursements/Obligations

(a) Name Committee For Truth In County Government

(b) Address (number and street) Check if different than previously reported
PO BOX 1084

(c) City, State and ZIP Code
Amherst NY 14226

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

New

or

Amended

4. Covering Period

10/18/2004
through

10/28/2004

5. (a) Date of Public Distribution(s)

10/27/2004

(b) Communication Title

Committee For Truth In County Government

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107?

Yes

No

7. Were the disbursements for the electioneering communication made exclusively from donations in a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Janis Borman

(b) Address (number and street)

PO BOX 1084

(c) City, State and ZIP Code

Amherst NY 14226

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

13368.67

10. Total Disbursements/Obligations This Statement

10353.67

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

JANIS BORMAN

SIGNATURE

Janis Borman

DATE

10/28/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §4370.

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor JANIS BERMAN</p> <p>Mailing Address of Donor 89 BURNSIDE DRIVE</p> <p>City State Zip TONAWANDA NY 14156</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 25.00</p>
<p>B. Full Name of Donor COUNTRY MEADOWS ASSOCIATES, LP</p> <p>Mailing Address of Donor 1430 MILLERS FORT HWY</p> <p>City State Zip WILLIAMS VILLE NY 14221</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 5,000.00</p>
<p>C. Full Name of Donor JAMES P VEREASTO KATHLEEN J VEREASTO</p> <p>Mailing Address of Donor 101 N BARBARA STREET</p> <p>City State Zip BUFFALO NY 14202</p>	<p>Date of Receipt 10 20 2004</p> <p>Amount 1,000.00</p>
<p>D. Full Name of Donor WILLIAM A PAULY</p> <p>Mailing Address of Donor 9 HALWELL DRIVE</p> <p>City State Zip AMHERST NY 14224</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 250.00</p>
<p>E. Full Name of Donor ROBERT VACANTI</p> <p>Mailing Address of Donor 103 WILLOW GROVE DRIVE</p> <p>City State Zip TONAWANDA NY 14156</p>	<p>Date of Receipt 10 24 2004</p> <p>Amount 2,800.00</p>
<p>SUBTOTAL of Donations This Page (optional) 9,075.00</p> <p>TOTAL This Period (Sum page this line number only) (carry total from last page to Line 8)</p>	

SCHEDULE B-A
Donation(s) Received

<p>A. Full Name of Donor Friends of George Helt</p> <p>Mailing Address of Donor 222 Clinton Street</p> <p>City State Zip Buffalo NY 14204</p>	<p>Date of Receipt 10 26 2004</p> <p>Amount 1,000.00</p>
<p>B. Full Name of Donor William H Hardie Linda Hardie</p> <p>Mailing Address of Donor 1074 Cleveland Drive</p> <p>City State Zip Cheektowaga NY 14225</p>	<p>Date of Receipt 10 27 2004</p> <p>Amount 250.00</p>
<p>C. Full Name of Donor Kenn J Brunkowich Robby Brunkowich</p> <p>Mailing Address of Donor 139 Greenway Road</p> <p>City State Zip Eggenville NY 14226</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 2,000.00</p>
<p>D. Full Name of Donor Jonathan Morloff</p> <p>Mailing Address of Donor 1820 Belmont Road NW</p> <p>City State Zip Washington DC 20009</p>	<p>Date of Receipt 10 28 2004</p> <p>Amount 1,000.00</p>
<p>E. Full Name of Donor Janis Borman</p> <p>Mailing Address of Donor 89 Burnside Drive</p> <p>City State Zip Tonawanda NY 14150</p>	<p>Date of Receipt 10 18 2004</p> <p>Amount 43.67</p>
<p>SUBTOTAL of Donations This Page (optional) 4,293.67</p>	
<p>TOTAL This Part of this page (do not include any other page numbers) 13,368.67 (carry total from last page to Line 1)</p>	

SCHEDULE 3-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee
FINGER HUT GRANADOS OPINION RESEARCH

Address of Payee
1925 K STREET NW SUITE 250
 City: **WASHINGTON** State: **DC** Zip Code: **20006**

Name of Employer
WASHINGTON Occupation: _____

Date of Disbursement or Obligation
10 27 2004

Amount
6,000.00

Communication Date
10 27 2004

Purpose of Disbursement (including title) of communication(s)

MEDIA BUY

Name of Federal Candidate BRIAN HIGGINS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 27	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate NANCY NAPLES	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee
FINGER HUT GRANADOS OPINION RESEARCH

Address of Payee
1925 K STREET NW SUITE 250
 City: **WASHINGTON** State: **DC** Zip Code: **20006**

Name of Employer
WASHINGTON Occupation: _____

Date of Disbursement or Obligation
10 28 2004

Amount
43,000.00

Communication Date
10 28 2004

Purpose of Disbursement (including title) of communication(s)

MEDIA BUY

Name of Federal Candidate BRIAN HIGGINS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 27	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate NANCY NAPLES	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursements/Obligations This Page (optional) **10,300.00**

TOTAL This Page (last page this line number only) **10,300.00**
 (copy total from last page in Line 10)

SCHEDULE 5-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee

MAT BANK

Mailing Address of Payee

AIRPORT PLAZA

CHEEKTOWAGA

State NY Zip Code 14225

Name of Employer

Occupation

Date of Disbursement or Obligation

10/28/2004

Amount

100.00

Communication Date

10/28/2004

Purpose of Disbursement (including state) or contribution(s)

BANK FEE

Name of Federal Candidate

BRIAN HIGBINS

NANCY NAPLES

Office Sought

House

Senate

President

State NY

District 27

Disbursement/Obligation For:

Primary

General

Other (specify)

Name of Federal Candidate

Office Sought

House

Senate

President

State

District

Disbursement/Obligation For:

Primary

General

Other (specify)

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

US POST OFFICE

Mailing Address of Payee

AMHERST BRANCH

BUFFALO

State NY Zip Code 14226

Name of Employer

Occupation

Date of Disbursement or Obligation

10/18/2004

Amount

43.68

Communication Date

10/18/2004

Purpose of Disbursement (including state) or contribution(s)

POST OFFICE BOX RENTAL

Name of Federal Candidate

BRIAN HIGBINS

NANCY NAPLES

Office Sought

House

Senate

President

State NY

District 27

Disbursement/Obligation For:

Primary

General

Other (specify)

Name of Federal Candidate

Office Sought

House

Senate

President

State

District

Disbursement/Obligation For:

Primary

General

Other (specify)

Name of Federal Candidate

Office Sought

House

Senate

President

State

District

Disbursement/Obligation For:

Primary

General

Other (specify)

SUBTOTAL of Disbursements/Obligations This Page (optional)

53.67

TOTAL This Period (not page line number only) (carry total from last page to Line 10)

10,353.67

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A
 PREPARER
 (5/2004)

N/A
 DATE PREPARED