

# 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  
**Brian Higgins for Congress**

ADDRESS (number and street) P.O. Box 28  
 Check if different than previously reported. (ACC) Buffalo NY 14220

2. **FEC IDENTIFICATION NUMBER** C C00401034 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) NY 26

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

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

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 06 / 05 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 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 Mr. Gary Kanaley

Signature of Treasurer Mr. Gary Kanaley *[Electronically Filed]* Date M M / D D / Y Y Y Y 10 / 15 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Brian Higgins for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 05 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 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))....	42356.00	693221.42
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	42356.00	693221.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	27247.89	416895.14
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1490.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27247.89	415404.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	659493.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	540.12	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Brian Higgins 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).....	14175.00	462407.50
(ii) Unitemized.....	375.00	29985.00
(iii) TOTAL of contributions from individuals ▶	14550.00	477842.50
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	27806.00	215278.92
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	42356.00	693221.42
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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	1490.81
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	335.30
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	42356.00	695047.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27247.89	416895.14
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	10446.00	88187.50
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37693.89	505082.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	654831.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	42356.00
25. SUBTOTAL (add Line 23 and Line 24).....	697187.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37693.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	659493.43

**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 37
	<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)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stanley J. Blas</b>		Date of Receipt MM / DD / YYYY 06 / 23 / 2014
Mailing Address 120 Fox Meadow Lane		<b>Transaction ID : C10128252</b>
City Orchard Park	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SJB Services, Inc.	Occupation President	Amount of Each Receipt this Period 535.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B. Kevin Brinkworth</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 139 Greenaway Rd		<b>Transaction ID : C10128238</b>
City Egbertsville	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation developer	Amount of Each Receipt this Period 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C. Lewis Buttery</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2014
Mailing Address 136 Akron St		<b>Transaction ID : C10128278</b>
City Lockport	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer best effort	Occupation best effort	Amount of Each Receipt this Period 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis P. Cleary**

Mailing Address 1800 Main Place Tower

City State Zip Code  
Buffalo NY 14202

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

Name of Employer Occupation  
Duke, Holzman, Yaeger & Photiadis LLP attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128239**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 160 Middlesex Road

City State Zip Code  
Buffalo NY 14216

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

Name of Employer Occupation  
Collins & Collins Attorney/Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10080000**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Leonard A. Coppola**

Mailing Address 35 Burbank Terr

City State Zip Code  
Buffalo NY 14214

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  
272.50

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : C10128287**

Amount of Each Receipt this Period  
50.00

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

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

1300.00

**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 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 5127 Lakeshore Road

City State Zip Code  
Hamburg NY 14075

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

Name of Employer Occupation  
AMDG Public Affairs Founder & Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128240**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Eberle**

Mailing Address 5127 Lake Shore Rd

City State Zip Code  
Hamburg NY 14075-5722

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

Name of Employer Occupation  
Mulberry Cafe 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  
 06 / 16 / 2014

**Transaction ID : C10128241**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Bryant Everard**

Mailing Address 36 Crystal Tree Court

City State Zip Code  
West Seneca NY 14224

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

Name of Employer Occupation  
Information Requested Salesman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10128293**

Amount of Each Receipt this Period  
25.00

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

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

525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 56 Quaker Ridge Rd

City State Zip Code  
Tonawanda NY 14150

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

Name of Employer Occupation  
Bouvier Partnership, LLP Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C10128242**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 151 Buffalo Avenue, Suite 204

City State Zip Code  
Niagara Falls NY 14303

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

Name of Employer Occupation  
Maid of the Mist Corporation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C10079998**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 151 Buffalo Ave. Ste. 204

City State Zip Code  
Niagara Falls NY 14303

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

Name of Employer Occupation  
Maid of the Mist Corporation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C10079997**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 131 Highland Ave.

City Buffalo State NY Zip Code 14222

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

Name of Employer Mosey Perisco, LLP Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2683.34**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128244**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Pamela R. Jacobs**

Mailing Address 33 Gates Circle #10E

City Buffalo State NY Zip Code 14209

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128245**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 5299 Chestnut Ridge Rd Apt A

City Orchard Park State NY Zip Code 14127

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 **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128247**

Amount of Each Receipt this Period  
**250.00**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 2718 Route 394

City Ashville State NY Zip Code 14710

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

Name of Employer Chautauqua County Health Network Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128253**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Russell J. Maxwell**

Mailing Address 57 Tillinghast Place

City Buffalo State NY Zip Code 14216

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 05 / 2014

**Transaction ID : C10128285**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 267 Woodbridge Avenue

City Buffalo State NY Zip Code 14214

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

Name of Employer Doran & Murphy Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128248**

Amount of Each Receipt this Period  
**250.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 11 OF 37

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 54 Springbrook Shores

City Elma State NY Zip Code 14059

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 **635.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10128292**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Michael M. O'Mara**

Mailing Address 237 Main St Ste 600

City Buffalo State NY Zip Code 14203-2708

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

Name of Employer best effort Occupation best effort

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : C10128259**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 4506 Main Street

City Buffalo State NY Zip Code 14226

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : C10128260**

Amount of Each Receipt this Period  
**250.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>Thomas D. Saia</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 595 Lafayette Ave.		<b>Transaction ID : C10128249</b>
City Buffalo	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Iroquois Bar Corp	Occupation President	Election Cycle-to-Date 850.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Kenneth Schoetz</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 187 Main St		<b>Transaction ID : C10128250</b>
City Hamburg	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer NY State AG	Occupation attorney	Election Cycle-to-Date 1050.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>R. Mark Storch</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 73 Dan Troy Drive		<b>Transaction ID : C10128296</b>
City Buffalo	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Foit Albert Architects	Occupation Manager	Election Cycle-to-Date 1100.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Janet H. Sung**

Mailing Address 9765 Rocky Point

City State Zip Code  
Clarence NY 14031

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

Name of Employer Occupation  
Windsong Radiology Group Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10080002**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 56 Devonshire Road

City State Zip Code  
Buffalo NY 14223

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

Name of Employer Occupation  
Connors & Vilardo, LLP Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128251**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Laura Zaepfel**

Mailing Address P.O. Box 1231

City State Zip Code  
Amherst NY 14226

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

Name of Employer Occupation  
Uniland Development corporate relations mgr

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128261**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clough Harbour & Assoc, LLP**

Mailing Address PO Box 5269

City Albany State NY Zip Code 12205-0269

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : C10074255**

Amount of Each Receipt this Period  
 2500.00

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Clough Harbour & Assoc, LLP**

Mailing Address PO Box 5269

City Albany State NY Zip Code 12205-0269

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : C10074348**

Amount of Each Receipt this Period  
 -1900.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Clough Harbour & Assoc, LLP**

Mailing Address PO Box 5269

City Albany State NY Zip Code 12205-0269

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : C10074349**

Amount of Each Receipt this Period  
 1900.00

**[MEMO ITEM]**  
\*

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Finger Lakes Bone & Joint Center, LLP**

Mailing Address 875 Pre-Emption Rd.

City Geneva State NY Zip Code 14456

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10079996**

Amount of Each Receipt this Period  
 1000.00

PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
**Hogan & Willig, PLLC**

Mailing Address 2410 N Forest Rd Ste 301

City Getzville State NY Zip Code 14068-1224

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128263**

Amount of Each Receipt this Period  
 100.00

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Corey Hogan**

Mailing Address 2410 N Forest Rd Ste 301

City Getzville State NY Zip Code 14068-1224

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

Name of Employer Occupation  
 Hogan Willig Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10129461**

Amount of Each Receipt this Period  
 50.00

**[MEMO ITEM]**  
\*

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 2410 N Forest Rd. Ste 301

City Getzville State NY Zip Code 14068

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

Name of Employer Hogan Willig Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10129470**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Hogan & Willig, PLLC**

Mailing Address 2410 N Forest Rd Ste 301

City Getzville State NY Zip Code 14068-1224

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10128264**

Amount of Each Receipt this Period  
**100.00**

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Corey Hogan**

Mailing Address 2410 N Forest Rd Ste 301

City Getzville State NY Zip Code 14068-1224

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

Name of Employer Hogan Willig Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10129462**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
\*

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

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

**100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 2410 N Forest Rd. Ste 301

City Getzville State NY Zip Code 14068

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

Name of Employer Hogan Willig Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10129469**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Hogan & Willig, PLLC**

Mailing Address 2410 N Forest Rd Ste 301

City Getzville State NY Zip Code 14068-1224

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C10128266**

Amount of Each Receipt this Period  
100.00

PARTNERSHIP--partners below if itemized

**C.** Full Name (Last, First, Middle Initial)  
**Corey Hogan**

Mailing Address 2410 N Forest Rd Ste 301

City Getzville State NY Zip Code 14068-1224

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

Name of Employer Hogan Willig Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C10129463**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\*

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>Diane Tiveron</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 2410 N Forest Rd. Ste 301		<b>Transaction ID : C10129464</b>
City Getzville	State NY	Zip Code 14068
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Hogan Willig	Occupation Partner	<b>[MEMO ITEM]</b> *
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Hogan &amp; Willig, PLLC</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2410 N Forest Rd Ste 301		<b>Transaction ID : C10128279</b>
City Getzville	State NY	Zip Code 14068-1224
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer	Occupation	PARTNERSHIP--partners below if itemized
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>Corey Hogan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2410 N Forest Rd Ste 301		<b>Transaction ID : C10129467</b>
City Getzville	State NY	Zip Code 14068-1224
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Hogan Willig	Occupation Partner	<b>[MEMO ITEM]</b> *
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 2410 N Forest Rd. Ste 301

City Getzville State NY Zip Code 14068

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

Name of Employer Hogan Willig Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10129468**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
\*

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

Mailing Address 160 Middlesex Road

City Buffalo State NY Zip Code 14216

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

Name of Employer Collins & Collins Occupation Attorney/Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10129456**

Amount of Each Receipt this Period  
-1000.00

**[MEMO ITEM]**  
\*

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

Mailing Address 160 Middlesex Road

City Buffalo State NY Zip Code 14216

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

Name of Employer Collins & Collins Occupation Attorney/Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3675.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10129455**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 37
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address 151 Buffalo Avenue, Suite 204

City: Niagara Falls State: NY Zip Code: 14303

FEC ID number of contributing federal political committee: C

Name of Employer: Maid of the Mist Corporation Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 16 / 2014

Transaction ID : C10129457

Amount of Each Receipt this Period: -400.00

[MEMO ITEM]\*

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

Mailing Address 151 Buffalo Avenue, Suite 204

City: Niagara Falls State: NY Zip Code: 14303

FEC ID number of contributing federal political committee: C

Name of Employer: Maid of the Mist Corporation Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 3000.00

Date of Receipt: 06 / 16 / 2014

Transaction ID : C10129458

Amount of Each Receipt this Period: 400.00

[MEMO ITEM]\*

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

0.00

14175.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A. AIR LINE PILOTS ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 Massachusetts Ave. NW  
 8th Floor  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00035451  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : C10128280**  
 Amount of Each Receipt this Period  
 2500.00

**B. American Association for Justice PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 777 6TH STREET, NW  
 SUITE 200  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00024521  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : C10128281**  
 Amount of Each Receipt this Period  
 1000.00

**C. American Federation of State, County and Municipal Employees, AFL-CIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 L Street NW  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00011114  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : C10074345**  
 Amount of Each Receipt this Period  
 2000.00

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Federation of State, County and Municipal Employees, AFL-CIO**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C10128268**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AT&T Federal PAC**

Mailing Address 208 S. Akard Street Suite 3521

City Dallas State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : C10128269**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T Federal PAC**

Mailing Address 208 S. Akard Street Suite 3521

City Dallas State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10128282**

Amount of Each Receipt this Period  
500.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 3699 Wilshire Blvd.  
Suite 1290

City Los Angeles State CA Zip Code 90010

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C10377554**

Amount of Each Receipt this Period  
2500.00

**B. Friends of Joel Giambra**

Full Name (Last, First, Middle Initial)  
Mailing Address 3598 Heatherwood Drive

City Hamburg State NY Zip Code 14075

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : C10128243**

Amount of Each Receipt this Period  
250.00

**C. GENERAL MILLS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address #1 General Mills Boulevard

City Minneapolis State MN Zip Code 55426

FEC ID number of contributing federal political committee. **C** C00062646

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C10128283**

Amount of Each Receipt this Period  
2500.00

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 37
	<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)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INTL. UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS P**

Mailing Address 620 F Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C10128271**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**M & T BANK PAC**

Mailing Address 465 MAIN STREET SUITE 500

City BUFFALO State NY Zip Code 14203

FEC ID number of contributing federal political committee. **C** C00137273

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C10128272**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Marion for Supreme Court**

Mailing Address 17 Beresford Court

City Williamsville State NY Zip Code 14221

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
306.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C10128258**

Amount of Each Receipt this Period  
306.00

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

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

3806.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 37
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

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

Mailing Address **6363 MAIN STREET**

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

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : C10128273**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)**

Mailing Address **5201 AUTH WAY**

City **CAMP SPRINGS** State **MD** Zip Code **20746**

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : C10128274**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Seneca Nation of Indians**

Mailing Address **P.O. Box 231**

City **Salamanca** State **NY** Zip Code **14779**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : C10128275**

Amount of Each Receipt this Period  
**500.00**

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

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 37
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON**

Mailing Address 1313 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10079999**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POL**

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C10128277**

Amount of Each Receipt this Period  
 2500.00

**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

Amount of Each Receipt this Period

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

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

7500.00

27806.00

**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 27 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>			Date of Disbursement MM / DD / YYYY 06 / 06 / 2014		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 212.86		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D484150		
Purpose of Disbursement payroll processing fee		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc</b>			Date of Disbursement MM / DD / YYYY 06 / 10 / 2014		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 20.00		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D484151		
Purpose of Disbursement service fee		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. ADP, Inc</b>			Date of Disbursement MM / DD / YYYY 06 / 20 / 2014		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 7.00		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D484152		
Purpose of Disbursement state fee		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	239.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 93.25 <b>Transaction ID : D484153</b>
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement payroll taxes	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>B. Dennis Dargavel</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 1110 Abbott Rd		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : D483980</b>
City Buffalo	State NY	
Zip Code 14220	Purpose of Disbursement fundraising consulting	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>c. Diane Serra</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address Caramici's Bistro & Bakery 1503 Hertel Ave		Amount of Each Disbursement this Period 1406.04 <b>Transaction ID : D483997</b>
City Buffalo	State NY	
Zip Code 14216	Purpose of Disbursement fundraising expenses	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4499.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN Software, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 1101 15th Street, NW Suite 500			Amount of Each Disbursement this Period 1650.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D483989	
Purpose of Disbursement quarterly software fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Partners' Press</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014	
Mailing Address 1881 Kenmore Ave			Amount of Each Disbursement this Period 3819.08	
City Kenmore	State NY	Zip Code 14217	Transaction ID : D483983	
Purpose of Disbursement printing invites		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 144 2nd St Fl 1			Amount of Each Disbursement this Period 6.76	
City San Francisco	State CA	Zip Code 94105-3718	Transaction ID : D484158	
Purpose of Disbursement credit card processing fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5475.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 37			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 144 2nd St FI 1		Amount of Each Disbursement this Period 24.77
City San Francisco	State CA Zip Code 94105-3718	
Purpose of Disbursement credit card processing fee	Category/Type 001	<b>Transaction ID : D484159</b>
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>B. Schaeffer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 3500.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement PAC fundraising consultant	Category/Type 001	<b>Transaction ID : D483986</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jeanne Swierski</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 2836 Transit Road		Amount of Each Disbursement this Period 356.00
City Orchard Park	State NY Zip Code 14127	
Purpose of Disbursement donation	Category/Type 001	<b>Transaction ID : D483966</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3880.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 37			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Turner Pollard Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address c/o Terry Turner 1802 Abbottsford Drive		Amount of Each Disbursement this Period 4300.00 <b>Transaction ID : D483987</b>
City Vienna	State VA	
Zip Code 22182	Purpose of Disbursement fundraising expenses	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Zenger Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address PO Box 647		Amount of Each Disbursement this Period 483.09 <b>Transaction ID : D483982</b>
City Buffalo	State NY	
Zip Code 14207	Purpose of Disbursement postage for invites	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. M&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 1 Fountain Plz		Amount of Each Disbursement this Period 7827.89 <b>Transaction ID : D479526</b>
City Buffalo	State NY	
Zip Code 14203	Purpose of Disbursement credit card	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12610.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 346.15 <b>Transaction ID : D484147</b>
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement payroll	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Lyndsey Barnes</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 104 Tuscarora Rd		Amount of Each Disbursement this Period 346.15 <b>Transaction ID : D484148</b> <b>[MEMO ITEM]</b>
City Buffalo	State NY	
Zip Code 14220-2055	Purpose of Disbursement payroll	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	
State: District:	Other (specify)	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	346.15
<b>TOTAL</b> This Period (last page this line number only).....	27052.89

**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 37			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amanda Hansen Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 17 Park Meadow Dr c/o Ken Hansen		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D483979</b>
City West Seneca	State NY Zip Code 14224-3867	
Purpose of Disbursement donation	Category/ Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Buffalo Jewish Review</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 964 Kenmore Ave		Amount of Each Disbursement this Period 42.00 <b>Transaction ID : D483970</b>
City Buffalo	State NY Zip Code 14216-1450	
Purpose of Disbursement advertisement	Category/ Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gateway Longview Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 6350 Main St.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D483985</b>
City Williamsville	State NY Zip Code 14221	
Purpose of Disbursement donation	Category/ Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	542.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Rice for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address P.O. Box 744		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D483995</b>
City Mineola	State NY	
Zip Code 11501	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kennedy for Senate</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address P.O. Box 73		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D483981</b>
City Buffalo	State NY	
Zip Code 14220	Purpose of Disbursement political contribution	Category/ Type 011
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>c. New Economy PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address c/o Evans & Katz 1831 Bay St SE		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : D483992</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Niagara Falls City Democratic Committee</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 628 Chestnut Ave		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D483998</b>
City Niagara Falls	State NY	
Zip Code 14305-1802	Purpose of Disbursement political contribution	Category/ Type 011
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>B. Sean Patrick Maloney for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 18 W Main St		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D483994</b>
City Beacon	State NY	
Zip Code 12508-2512	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name <b>Sean Patrick Maloney</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 18	

Full Name (Last, First, Middle Initial) <b>c. Sean Ryan for Assembly</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address PO Box 457		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D483984</b>
City Buffalo	State NY	
Zip Code 14213-0457	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 37	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Brian Higgins for Congress**

Full Name (Last, First, Middle Initial) <b>A. Spinal Muscular Dystrophy Research Team (SMART)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2014</b>
Mailing Address <b>36 Densmore St</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : D483971</b>
City <b>Buffalo</b> State <b>NY</b> Zip Code <b>14220-2422</b>	Purpose of Disbursement donation <b>012</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Town of Tonawanda Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2014</b>
Mailing Address <b>2424 Colvin Blvd</b>		Amount of Each Disbursement this Period <b>100.00</b> <b>Transaction ID : D483990</b>
City <b>Tonawanda</b> State <b>NY</b> Zip Code <b>14150</b>	Purpose of Disbursement political contribution <b>011</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Woolf for Congress</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 20 / 2014</b>
Mailing Address <b>P.O. Box 248</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D483993</b>
City <b>Elizabethtown</b> State <b>NY</b> Zip Code <b>12932</b>	Purpose of Disbursement political contribution <b>011</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>9342.00</b>

**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)

**Brian Higgins for Congress**

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

ADP, Inc

Nature of Debt (Purpose):

Mailing Address 5800 Windward Parkway

City State Zip Code  
Alpharetta GA 30005

Outstanding Balance Beginning This Period

60.00

Transaction ID : C7369

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60.00

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

ADP, Inc

Nature of Debt (Purpose):

Mailing Address 5800 Windward Parkway

City State Zip Code  
Alpharetta GA 30005

Outstanding Balance Beginning This Period

435.00

Transaction ID : C7370

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

435.00

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

ADP, Inc

Nature of Debt (Purpose):

Mailing Address 5800 Windward Parkway

City State Zip Code  
Alpharetta GA 30005

Outstanding Balance Beginning This Period

45.12

Transaction ID : C5489763

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

45.12

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

540.12

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

540.12

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) ▶

540.12