

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Kryzan for Congress

ADDRESS (number and street) P.O. Box 317

Check if different than previously reported. (ACC)

Amherst NY 14226

2. **FEC IDENTIFICATION NUMBER** C00438374

CITY STATE ZIP CODE STATE DISTRICT

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 [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 04 01 2008 through 06 30 2008

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 Jeffrey Hirshberg

Signature of Treasurer Electronically Filed by Jeffrey Hirshberg Date 07 15 2008

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

Kryzan for Congress

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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)).....	69453.00	259961.00
(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)).....	69453.00	259961.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	88924.91	169685.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88924.91	169685.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	247025.18	
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).....	157000.00	

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
Kryzan for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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).....

51055.00

219465.00

(ii) Unitemized.....

13398.00

35496.00

(iii) TOTAL of contributions

64453.00

254961.00

from individuals..... ▶

5000.00

5000.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

69453.00

259961.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

60000.00

157000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

60000.00

157000.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

129453.00

416961.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	88924.91	169685.82
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.....	250.00	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	89174.91	169935.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	206747.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	129453.00
25. SUBTOTAL (add Line 23 and Line 24).....	336200.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89174.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	247025.18

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number	
Alice Kryzan		H8NY26079	
Name of Principal Campaign Committee		Committee ID Number	
Kryzan for Congress		C C00438374	
Committee Address P.O. Box 317			
City	State	ZIP	
Amherst	NY	14226	
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees	412811.00	4150.00	
2. Aggregate amount of contributions from personal funds of the candidate	157000.00	0.00	
3. Gross receipts minus the candidate's personal contributions	255811.00	4150.00	

**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 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Eileen D Millett, Esq.		Date of Receipt
	Mailing Address 43 Franklin School Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	New Jersey	NJ	08840
	FEC ID number of contributing federal political committee.		Transaction ID: C17634850
Name of Employer Gibbons P.C.		Occupation attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Edward J. Malley, Esq.		Date of Receipt
	Mailing Address 552 Corbett Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 27 / 2008
	City	State	Zip Code
	Oradell	NJ	07649
	FEC ID number of contributing federal political committee.		Transaction ID: C17629590
Name of Employer TRC		Occupation Manager	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 250.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dianne Bennett		Date of Receipt
	Mailing Address 2 Mayfair Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2008
	City	State	Zip Code
	Buffalo	NY	14201
	FEC ID number of contributing federal political committee.		Transaction ID: C17635060
Name of Employer self		Occupation attorney	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Steve A. Brand</p> <p>Mailing Address 1907 Hampshire Avenue</p> <p>City State Zip Code St. Paul MN 55116</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Robins, Kaplan, Miller & Ciresi L.L.P. Occupation Lawyer</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt 06 / 27 / 2008</p> <p>Transaction ID: C17630020</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Jean C. Powers</p> <p>Mailing Address 275 Clearfield Drive</p> <p>City State Zip Code Williamsville NY 14221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Jaeckle Fleischmann & Mugal, LLP Occupation Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: C17636030</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Dennis C. Waldon</p> <p>Mailing Address 2131 Vardon Lane</p> <p>City State Zip Code Flossmoor IL 60422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lavin & Waldon, P.C. Occupation Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt 06 / 24 / 2008</p> <p>Transaction ID: C17626100</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Charles S. Warren

Mailing Address 200 East 90th Street
Apt 15 E

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Kramer Levin Anaftalis & Frankel LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 0 8

Transaction ID: C17556470

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Frances G Pepper

Mailing Address 233 Oliver Road

City State Zip Code
Cincinnati OH 45215

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

Name of Employer Occupation
n/a n/a

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 8

Transaction ID: C17623110

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
David F. Shaffer

Mailing Address 16 Pasture Gate Lane

City State Zip Code
Delmar NY 12054

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

Name of Employer Occupation
Rockefeller Institute policy researcher

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: C17611030

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Michelle G. Parrish

Mailing Address 854 Lawrence Ave.

City East Aurora State NY Zip Code 14052

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

Name of Employer Unemployed Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 11 / 2008
Transaction ID: C17616910
Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Carol Coleman Brice

Mailing Address 3727 N. Harding

City Chicago State IL Zip Code 60618

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

Name of Employer Self Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 13 / 2008
Transaction ID: C17618680
Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul B. Zuydhoek

Mailing Address 256 Woodbridge Ave.

City Buffalo State NY Zip Code 14214

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

Name of Employer Phillips Lytle, LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 06 / 24 / 2008
Transaction ID: C17650470
Amount of Each Receipt this Period 700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)

Michael B. Gerrard, Esq.

Mailing Address 11 Garden Ridge Road

City State Zip Code
Chappaqua NY 10514

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

Name of Employer Occupation
Arnold & Porter LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C17634841

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Walter Simpson

Mailing Address 4 Meadowstream Ct

City State Zip Code
Amherst NY 14226

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

Name of Employer Occupation
N/A retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: C17624111

Amount of Each Receipt this Period

200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Amy Lynn Katz

Mailing Address 145 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: C17624851

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial) Thomas E. Headrick		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
Mailing Address 54-655 Riviera Drive		Transaction ID: C17624801
City La Quinta	State CA	Zip Code 92253
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SUNY-Buffalo	Occupation Professor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

B.

Full Name (Last, First, Middle Initial) Ruth Bryant		Date of Receipt MM / DD / YYYY 06 / 28 / 2008
Mailing Address 466 Hickory St		Transaction ID: C17630531
City Buffalo	State NY	Zip Code 14204-1321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer SUNY at Buffalo	Occupation Administrator	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) Kiran H. Mehta		Date of Receipt MM / DD / YYYY 04 / 28 / 2008
Mailing Address Hearst Tower, 47th Floor 214 North Tryon Street		Transaction ID: C17582481
City Charlotte	State NC	Zip Code 28202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kennedy Covington Lobdell & Hickman	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	675.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Martha E. Gifford, Esq.

Mailing Address 187 Hicks Street
Apt. 3A

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: C17622011

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 661 Downing Lane

City State Zip Code
Williamsville NY 14221

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 19 / 2008

Transaction ID: C17622611

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 488 East Saddle River Road

City State Zip Code
Upper Saddle River NJ 07458

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

Name of Employer Conde Nast Tr veler Occupation Wine writer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 29 / 2008

Transaction ID: C17632921

Amount of Each Receipt this Period
1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Margery Nobel

Mailing Address 163 Hidden Ridge Common

City State Zip Code
Williamsville NY 14221

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

Name of Employer unemployed Occupation unemployed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: C17590161

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susan C Lichtblau

Mailing Address 20 Highland Parkway

City State Zip Code
Buffalo NY 14223

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

Name of Employer Gilda's Club Western new York Occupation Program Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 8

Transaction ID: C17601401

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joel Hodes, Esq.

Mailing Address One Commerce Plaza Suite 1900

City State Zip Code
Albany NY 12260

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

Name of Employer Whiteman Osterman & Hanna LLP Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 8

Transaction ID: C17559471

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Kristin Binder Stevens

Mailing Address 2109 Chestnut

City Wilmette State IL Zip Code 60091

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

Name of Employer unemployed Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2008

Transaction ID: C17613702

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marilyn A. Hochfield

Mailing Address 93 Norwood Ave.

City Buffalo State NY Zip Code 14222

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

Name of Employer Kavinoky Cook LLP Occupation lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 06 / 27 / 2008

Transaction ID: C17630072

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Scott M Philbin

Mailing Address 84 Rolling Meadow Lane

City East Amherst State NY Zip Code 14051

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

Name of Employer Bond, Schoeneck & King Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 06 / 27 / 2008

Transaction ID: C17630162

Amount of Each Receipt this Period 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Donald M. Crook

Mailing Address 5510 Monticello Ave.

City State Zip Code
Dallas TX 75206

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

Name of Employer Occupation
Donald Crook & Associates Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 15 / 2008

Transaction ID: C17598142

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 601 West Ferry Street

City State Zip Code
Buffalo NY 14222

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

Name of Employer Occupation
SUNY Buffalo Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 27 / 2008

Transaction ID: C17582102

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Samuel D. Magavern, III

Mailing Address 185 Chapin Parkway

City State Zip Code
Buffalo NY 14209

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

Name of Employer Occupation
University at Buffalo Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 28 / 2008

Transaction ID: C17630512

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Barbara Billings

Mailing Address 31 St Georges Sq

City Buffalo State NY Zip Code 14222

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

Name of Employer N/A Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 06 / 28 / 2008
Transaction ID: C17630682
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Virginia C. Robbins, Esq.

Mailing Address 5220 Longridge Road

City Jamesville State NY Zip Code 13078-9732

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

Name of Employer Bond Schoeneck & King Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 14 / 2008
Transaction ID: C17579972
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 5555 S Everett Ave
Apt A1-2

City Chicago State IL Zip Code 60637-1925

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

Name of Employer Jenner & Block LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 29 / 2008
Transaction ID: C17583032
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Ronald R Peterson

Mailing Address 171 Kimberly Lane

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Jenner & Block LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: C17586212

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 443 W. 43rd Street

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
The Durst Organization Real Estate

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: C17618662

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 47 Jewett Parkway

City State Zip Code
Buffalo NY 14214

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

Name of Employer Occupation
University at Buffalo Researcher

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C17633052

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Mary Michael Egan

Mailing Address 1 Cloister Court

City Amherst State NY Zip Code 14226

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

Name of Employer ONY, Inc. Occupation Office Worker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 05 / 27 / 2008
Transaction ID: C17606292
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 3735 Kanawha Street

City Washington State DC Zip Code 20015

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

Name of Employer Venable LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2008
Transaction ID: C17595892
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Eugene P. Vukelic

Mailing Address 55 Troon Road

City East Aurora State NY Zip Code 14052

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

Name of Employer Try-It Distributing Co., INC. Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2008
Transaction ID: C17595902
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Timothy V. McGree	Date of Receipt MM / DD / YYYY 05 / 12 / 2008
	Mailing Address 70 East Cedar Street Apartment 601	Transaction ID: C17595922
	City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Chapman and Cutler LLP Occupation Attorney Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) George L. Priest	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 350 Livingston Street	Transaction ID: C17649682
	City New Haven State CT Zip Code 06511	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Yale University Occupation Professor Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Susan M. Lankenau	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 1100 Rand Bldg. 14 Lafayette Square	Transaction ID: C17634392
	City Buffalo State NY Zip Code 14203	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Magavern, Magavern & Grimm Occupation ATTORNEY Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Noel Salinger		Date of Receipt
	Mailing Address 5000 S. Dorchester #2		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60615
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer University of Chicago		Occupation Development	Transaction ID: C17634863
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Susan Winston Leff		Date of Receipt
	Mailing Address 112 Beach Street Apt.6		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Boston	MA	02111
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Wells Fargo Bank		Occupation Commercial lender	Transaction ID: C17624953
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Hugh R Stephens		Date of Receipt
	Mailing Address 441 Woodward Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	City	State	Zip Code
	Buffalo	NY	14214
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Stephens & Stephens, LLP		Occupation Attorney	Transaction ID: C17635803
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/> 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 126

(check only one)

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

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NAME OF COMMITTEE (In Full)

Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)

Paul D. Schwartz

Mailing Address 205 Highland Ave

City State Zip Code
Newton MA 02465

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

Name of Employer Occupation
Goodwin Procter LLP lawyer

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 8

Transaction ID: C17620333

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Peter G. Rupparr

Mailing Address 4838 Pine Cliff Drive

City State Zip Code
Houston TX 77084

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

Name of Employer Occupation
Duke, Holzman, Photiadis & Gresens, LL Attorney

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 8

Transaction ID: C17625563

Amount of Each Receipt this Period

150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Howard R. Grubbs

Mailing Address 197 Gorge View Drive

City State Zip Code
Blowing Rock NC 28605

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

Name of Employer Occupation
Womble Carlyle PLLC Attorney

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 0 8

Transaction ID: C17625713

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Julia D Garvey
Mailing Address 1250 E. Main St.
City East Aurora State NY Zip Code 14052
FEC ID number of contributing federal political committee. **C**
Name of Employer Michale J. Garvey DMD Occupation surgical assistant
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt 06 / 20 / 2008
Transaction ID: C17623633
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Leslie K.L. Thiele
Mailing Address 1166 Avon Road
City Schenectady State NY Zip Code 12308
FEC ID number of contributing federal political committee. **C**
Name of Employer Whiteman Osterman & Hanna Occupation lawyer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt 06 / 18 / 2008
Transaction ID: C17621073
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Deborah Franczek
Mailing Address 5555 South Everett Avenue Apartment 7D
City Chicago State IL Zip Code 60637
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
Date of Receipt 06 / 20 / 2008
Transaction ID: C17623223
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Annie L. Burns

Mailing Address 3340 Runnymede Place, NW

City Washington State DC Zip Code 20015

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

Name of Employer GMMB Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 06 / 25 / 2008

Transaction ID: C17627483

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Gerald G Saltarelli

Mailing Address 935 Heather Road

City Deerfield State IL Zip Code 60015

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

Name of Employer Butler Rubin Saltarelli & Boyd Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2008

Transaction ID: C17563553

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Karen L. Mathews

Mailing Address 5 Clarendon Place

City Buffalo State NY Zip Code 14209

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

Name of Employer MakMax HD LLC/Birdair, Inc. Occupation General Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2008

Transaction ID: C17633333

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

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

Mailing Address 337 Argonne Drive

City State Zip Code
Kenmore NY 14217

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

Name of Employer Occupation
HWI scientist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C17633623

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Bruce Russell MacLeod

Mailing Address 138 25th Avenue

City State Zip Code
San Francisco CA 94121

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

Name of Employer Occupation
Hennigan, Bennett & Dorman llp Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: C17586203

Amount of Each Receipt this Period
380.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1640 North Sedgwick Street

City State Zip Code
Chicago IL 60614-5714

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

Name of Employer Occupation
Sonnenschein Nath & Rosenthal Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C17634583

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1130.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Alan Spitzer, Esq.
Mailing Address 321 Euclid Avenue
City Kenmore State NY Zip Code 14217
FEC ID number of contributing federal political committee. **C**
Name of Employer Hodgson Russ LLP Occupation Lawyer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 06 / 08 / 2008
Transaction ID: C17613354
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Kay S Grossman
Mailing Address 2800 N Lake Shore Dr Apt 3801
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer JRG Enterprises Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 06 / 19 / 2008
Transaction ID: C17621894
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Richard Brownell
Mailing Address 5 White Oak Lane
City Chappaqua State NY Zip Code 10514
FEC ID number of contributing federal political committee. **C**
Name of Employer Malcolm Pirnie Occupation Environmental Engineer
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 30 / 2008
Transaction ID: C17635744
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Phillip Halpern

Mailing Address 15 Granger Place

City State Zip Code
Buffalo NY 14222

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

Name of Employer University at Buffalo Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 8 / 2 0 0 8

Transaction ID: C17630514

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Joel I. Berson

Mailing Address 180 East End Avenue, Apt 7B

City State Zip Code
New York NY 10128

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

Name of Employer Hodgson Russ Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: C17635114

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Marsha Ellen Novick

Mailing Address 46 Terhune Road

City State Zip Code
Princeton NJ 08540

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

Name of Employer Stevens & Lee, P.C. Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 8 / 2 0 0 8

Transaction ID: C17589654

Amount of Each Receipt this Period
550.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Kevin G. Ryan

Mailing Address 10 Circle Ave.

City Larchmont State NY Zip Code 10538

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

Name of Employer Self Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 04 / 2008
Transaction ID: C17563324
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Susan C Lichtblau

Mailing Address 20 Highland Parkway

City Buffalo State NY Zip Code 14223

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

Name of Employer Gilda's Club Western new York Occupation Program Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt 06 / 20 / 2008
Transaction ID: C17622744
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address E9715 Berry Road

City Wisconsin Dells State WI Zip Code 53965

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2008
Transaction ID: C17595924
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Catherine Beltz Foley

Mailing Address 75 Meadow Road

City Buffalo State NY Zip Code 14216

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

Name of Employer Paul William Beltz, PC Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2008
Transaction ID: C17620084
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Martin K. Baker

Mailing Address 40 East 88th Street

City New York State NY Zip Code 10128

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

Name of Employer Salans Hertzfeld Heilbronn et Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 06 / 20 / 2008
Transaction ID: C17623144
 Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Drayton Grant, Esq.

Mailing Address 145 Wurtemberg Rd.

City Rhinebeck State NY Zip Code 12572

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

Name of Employer Grant & Lyons Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C17634084
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
David Jacks Achtenberg

Mailing Address 1010 West 68th Terrace

City State Zip Code
Kansas City MO 64113

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

Name of Employer Occupation
UMCK School of Law Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: C17586194

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 635 East 19th Street

City State Zip Code
Brooklyn NY 11230

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

Name of Employer Occupation
Moses & Singer LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: C17586214

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lee West Movius

Mailing Address 4801 Howland Lane

City State Zip Code
Charlotte NC 28226

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

Name of Employer Occupation
kennedy Covington Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: C17619125

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Nancy Tobin

Mailing Address 112 Rivermist Dr.

City Buffalo State NY Zip Code 14202

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

Name of Employer self Occupation magazine editor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C17635675
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 109 Chapin Pkwy

City Buffalo State NY Zip Code 14209

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

Name of Employer Hodgson Russ LLP Occupation lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt 06 / 28 / 2008
Transaction ID: C17630525
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 212 East 47th Street Apt 31C

City New York State NY Zip Code 10017

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

Name of Employer Clifford Chance Occupation Pro Bono & Community Programs Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C17642035
 Amount of Each Receipt this Period 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 31 / 126
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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Anne L. Gilchrist
Mailing Address 1133 Fifth Avenue
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C**
Name of Employer Unemployed Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 06 / 30 / 2008
Transaction ID: C17637755
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Nancy Scull
Mailing Address 6245 La Pintura Drive
City La Jolla State CA Zip Code 92037
FEC ID number of contributing federal political committee. **C**
Name of Employer Luce Forward Hamilton & Scripps Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 05 / 27 / 2008
Transaction ID: C17606295
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lillian E. Kraemer
Mailing Address 2 Beekman Place Apartment 14C
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer Simpson Thacher & Bartlett LLP Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 05 / 28 / 2008
Transaction ID: C17606435
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

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

Mailing Address 66 Leicester Road

City State Zip Code
Kenmore NY 14217

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

Name of Employer Occupation
Hodgson Russ Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: C17601605

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Drew M. Leff

Mailing Address 112 Beach Street
Unit #6

City State Zip Code
Boston MA 02111

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

Name of Employer Occupation
GLC Development Resources Real Estate developer/consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C17634125

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 26 Bentley Court

City State Zip Code
Williamsville NY 14221

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

Name of Employer Occupation
University of Buffalo Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: C17629205

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 33 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Ted B. Podkul

Mailing Address 104 Hendricks Blvd

City Amherst State NY Zip Code 14226

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

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 13 / 2008
Transaction ID: C17618575
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Pietra G. Lettieri

Mailing Address 110 Autumn Creek Lane Apt. M

City East Amherst State NY Zip Code 14051

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

Name of Employer Harris Beach PLLC Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 01 / 2008
Transaction ID: C17556016
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Linda Michaels Schmalbeck

Mailing Address 407 Watts Street

City Durham State NC Zip Code 27701

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

Name of Employer North Carolina School of Science & Mat Occupation Teacher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2008
Transaction ID: C17622006
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Susan C Lichtblau
 Mailing Address 20 Highland Parkway
 City Buffalo State NY Zip Code 14223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gilda's Club Western new York Occupation Program Director
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 650.00
 Date of Receipt 04 / 20 / 2008
Transaction ID: C17578786
 Amount of Each Receipt this Period 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter R. Paden
 Mailing Address 2041 County Route 27
 City Craryville State NY Zip Code 12521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia Land Conservancy, Inc. Occupation land conservation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 06 / 21 / 2008
Transaction ID: C17623766
 Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter Peter Bergen
 Mailing Address 27 Pine Street
 City Port Washington State NY Zip Code 11050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation lawyer
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt 04 / 08 / 2008
Transaction ID: C17565266
 Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **850.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 35 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial) Paul M. Stokes		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
Mailing Address 1190 Dove Avenue		Transaction ID: C17623246
City Miami Springs	State FL	Zip Code 33166
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Stokes McMillan Maracini & Antunez P.A.	Occupation Lawyer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Barbara Wolff-Reichert		Date of Receipt MM / DD / YYYY 05 / 22 / 2008
Mailing Address 45 Penhurst Park		Transaction ID: C17601986
City Buffalo	State NY	Zip Code 14222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer TeachSpin Inc.	Occupation Marketing Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Robert E. Lehrer		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address 2084 W. Pratt Blvd.		Transaction ID: C17620706
City Chicago	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Law Offices, Robert E. Lehrer	Occupation lawyer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Eileen Kraus Scott

Mailing Address 5370 Via del Sole

City State Zip Code
Williamsville NY 14221

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

Name of Employer Penfold Scott Associates, Inc
Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 8

Transaction ID: C17629767

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard J. Lippes, Esq.

Mailing Address 1109 Delaware Avenue

City State Zip Code
Buffalo NY 14209

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

Name of Employer Richard J. Lippes & Associates
Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 2 / 2 0 0 8

Transaction ID: C17581637

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 90 Chasewood Lane

City State Zip Code
East Amherst NY 14051

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

Name of Employer UB Law School, SUNY
Occupation administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 8

Transaction ID: C17630167

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Lisa L. Smith
 Mailing Address 6675 Westminster Dr
 City State Zip Code
 East Amherst NY 14051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Phillips Lytle LLP Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 8 / 2 0 0 8
Transaction ID: C17630497
 Amount of Each Receipt this Period
 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Karen Kaplowitz
 Mailing Address 1 Woodside Lane
 City State Zip Code
 New Hope PA 18938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The New Ellis group Consultant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 8
Transaction ID: C17636187
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul B. Zuydhoek
 Mailing Address 256 Woodbridge Ave.
 City State Zip Code
 Buffalo NY 14214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Phillips Lytle, LLP Attorney
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 4 / 2 0 0 8
Transaction ID: C17625717
 Amount of Each Receipt this Period
 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Jean Gittler

Mailing Address 148 Autumnview Rd.

City State Zip Code
Williamsville NY 14221

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

Name of Employer unemployed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	0	8

Transaction ID: C17619437

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 325 Greenleaf Street

City State Zip Code
Evanston IL 60202

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

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	0	8

Transaction ID: C17619507

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steven Laurence Fisher

Mailing Address 1419 Rydal Road

City State Zip Code
Rydal PA 19046

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

Name of Employer PEI-Genesis, Inc. Occupation President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	0	8

Transaction ID: C17612727

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Nicholas A. Robinson		Date of Receipt MM / DD / YYYY 06 / 30 / 2008		
	Mailing Address 258 Kelburne Avenue		Transaction ID: C17634527		
	City Sleepy Hollow	State NY	Zip Code 10591	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Pace University, School of Law	Occupation Professor of Law			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00				

B.	Full Name (Last, First, Middle Initial) Sally Clough Hezel		Date of Receipt MM / DD / YYYY 06 / 28 / 2008		
	Mailing Address 357 Oakwood Ave.		Transaction ID: C17630498		
	City East Aurora	State NY	Zip Code 14052	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Self	Occupation Attorney			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00				

C.	Full Name (Last, First, Middle Initial) Gloria C. Phares		Date of Receipt MM / DD / YYYY 06 / 28 / 2008		
	Mailing Address 50 Riverside Drive Apartment 2C		Transaction ID: C17630538		
	City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Patterson Belknap Webb & Tyler LLP	Occupation Lawyer			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00				

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Mary Frances Derby

Mailing Address 751 West Ferry Street
Apartment 1AB

City Buffalo State NY Zip Code 14222

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

Name of Employer NA Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 19 / 2008
Transaction ID: C17621968
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 4669 Lower River Road

City Lewiston State NY Zip Code 14092

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

Name of Employer AMEC Geomatrix Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 13 / 2008
Transaction ID: C17618758
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Louise D. Resor

Mailing Address 22 North Stanwich Road

City Greenwich State CT Zip Code 06831

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 06 / 24 / 2008
Transaction ID: C17626678
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Donald Samuel Parker

Mailing Address 1425 McLean Mews Court

City State Zip Code
McLean VA 22101

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

Name of Employer Self Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: C17627548

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Howard Rosenhoch

Mailing Address 171 Beard Avenue

City State Zip Code
Buffalo NY 14214

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

Name of Employer Jaeckle, Fleischmann & Muegel Occupation attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 29 / 2008

Transaction ID: C17632918

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mitchell Jay Nelson

Mailing Address 134 East 80th Street

City State Zip Code
New York NY 10021

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

Name of Employer FX Real Estate & Entertainment, Inc. Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: C17579978

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
William F. Gray, III

Mailing Address 12 St. James Place

City State Zip Code
Buffalo NY 14222

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

Name of Employer Occupation
Hodgson Russ Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: C17601608

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Leland Ellis Hutchinson

Mailing Address 399 West Fullerton Parkway
Apt 17E

City State Zip Code
Chicago IL 60614

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

Name of Employer Occupation
Winston & Strawn LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 06 / 2008

Transaction ID: C17612618

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 6245 La Pintura Drive

City State Zip Code
La Jolla CA 92037

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

Name of Employer Occupation
Luce Forward Hamilton & Scripps Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: C17650238

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Thomas S. West, Esq.

Mailing Address 677 Broadway
8th Floor

City Albany State NY Zip Code 12207

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

Name of Employer The West Firm, PLLC Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2008
Transaction ID: C17621218
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James J. Periconi

Mailing Address 708 Third Avenue
17th Floor

City New York State NY Zip Code 10017

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

Name of Employer Periconi, LLC Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2008
Transaction ID: C17634348
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 151 Lancaster Ave

City Buffalo State NY Zip Code 14222

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt 05 / 29 / 2008
Transaction ID: C17607778
 Amount of Each Receipt this Period 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Patricia A. Shelly

Mailing Address 395 Porter Ave

City State Zip Code
Buffalo NY 14201

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

Name of Employer Occupation
SUNY, University at Buffalo social worker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 9 / 2 0 0 8

Transaction ID: C17607788

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Raymond P Reichert

Mailing Address 51 University Ave

City State Zip Code
Buffalo NY 14214

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

Name of Employer Occupation
Jaeckle Fleischmann and Muegel Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 8

Transaction ID: C17628859

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 544 1/2 LaFayette Ave.

City State Zip Code
Buffalo NY 14222

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

Name of Employer Occupation
Damon & Morey LLP Special Counsel

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 8

Transaction ID: C17629429

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Mary Flickinger		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 211 Porterville Road		Transaction ID: C17627389		
	City East Aurora	State NY	Zip Code 14052	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer None	Occupation Retired			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1300.00			

B.	Full Name (Last, First, Middle Initial) Jay N Hartz		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address PO Box 685		Transaction ID: C17624889		
	City Santa Monica	State CA	Zip Code 90406	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Hooper, Lundy & Bookman, INC	Occupation Attorney, Mediator, arbitrator			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Michael Militello		Date of Receipt MM / DD / YYYY 06 / 28 / 2008		
	Mailing Address 72 Joliet Ln		Transaction ID: C17630529		
	City Buffalo	State NY	Zip Code 14226	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Sonoma Grille & Bijou Cafe	Occupation Owner			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 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)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Brent M Siegel		Date of Receipt
	Mailing Address 65 Mulberry East Road		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Deerfield	IL	60015
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Chenille Kraft Company		Occupation President	Transaction ID: C17587769
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Teresa Bair		Date of Receipt
	Mailing Address 380 Berryman Dr.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Snyder	NY	14226
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Harris Beach		Occupation Attorney	Transaction ID: C17635019
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="75.00"/>
		<input type="text" value="225.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Diane Ciurczak		Date of Receipt
	Mailing Address 151 Lancaster Ave		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Buffalo	NY	14222
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: C17625739
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="125.00"/>
		<input type="text" value="375.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Linda Shaw

Mailing Address 1125 Crossroads Building
2 State Street

City Rochester State NY Zip Code 14614

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

Name of Employer Krauf Shaw LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: C17637189
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Rene F. Jones

Mailing Address 21 Longleat Drive

City Amherst State NY Zip Code 14226

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

Name of Employer M&T Bank Occupation Executive Vice President & Chief Finan

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt: 06 / 30 / 2008
Transaction ID: C17638529
 Amount of Each Receipt this Period: 800.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Geoffry Ronald Handler

Mailing Address 19 Century Ridge Road

City Purchase State NY Zip Code 10577

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

Name of Employer McLaughlin & Stern LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 05 / 02 / 2008
Transaction ID: C17585309
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 126

(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Randall Thomas Sims

Mailing Address 200 East 90th Street
Apt. 27 H

City State Zip Code
New York NY 10128

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

Name of Employer
Law Offices of Randall Sims

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C17634059

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Jan S. Kublick, Esq.

Mailing Address 500 South Salina St.
Suite 816

City State Zip Code
Syracuse NY 13202

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

Name of Employer
McMahon, Kublick and Smith

Occupation
Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: C17617979

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Anne Robinson Wadsworth

Mailing Address 1211 N Davis Rd

City State Zip Code
East Aurora NY 14052

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

Name of Employer
Kryzan for Congress

Occupation
advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
310.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 8

Transaction ID: C17634149

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Meyer S. Frucher

Mailing Address 324 West 101 Street

City State Zip Code
New York NY 10025

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

Name of Employer Occupation
PHLX Chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: C17580649A

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* Earmarked Contribution:
See Below

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: C17580649AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Damon & Morey LLP

Mailing Address 298 Main Street

City State Zip Code
Buffalo NY 14202

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: C17581044

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 126
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Franklin W. Heller

Mailing Address 1000 Cathedral Place
298 Main Street

City Buffalo State NY Zip Code 14202

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C17651804

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
The Ulasewicz Law Firm

Mailing Address 112 Spring Street
Suite 307

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: C17583114

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Thomas A. Ulasewicz

Mailing Address 112 Spring Street
Suite 307

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer Occupation
The Ulasewicz Firm, LLP Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period: 375.00

Transaction ID: C17583116

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶ **51055.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 126
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
New York State Democratic Committee

Mailing Address 461 Park Avenue
10th Floor

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C** C00143230

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 8

Transaction ID: C17577350

Amount of Each Receipt this Period
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: Use of voter file data

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 126
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Alice J. Kryzan

Mailing Address P.O. Box 317

City	State	Zip Code
Amherst	NY	14226

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
157000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 8

Transaction ID: C17647854

Amount of Each Receipt this Period
60000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	60000.00
TOTAL This Period (last page this line number only)	▶	60000.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Big!Lots <hr/> Mailing Address 4101 Transit Rd <hr/> City Williamsville State NY Zip Code 14221 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318930 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 4.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Demstore <hr/> Mailing Address 5125 MacArthur Blvd. NW <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Campaign Materials Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318940 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 345.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Michael's <hr/> Mailing Address 5055 Transit Rd <hr/> City Williamsville State NY Zip Code 14221 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318980 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 1.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	350.98
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
OfficeMax

Mailing Address 4101 Transit Rd

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319000
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

130.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Party City

Mailing Address 5097 Transit Rd

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319010
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

3.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address 5500 N Bailey Ave

City State Zip Code
Amherst NY 14226

Purpose of Disbursement
Postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319020
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

513.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

647.24

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Alison M. Butler

Transaction ID: D319450

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	8

Mailing Address 32 Eastwood Pl

Amount of Each Disbursement this Period

553.71

City Buffalo State NY Zip Code 14208

Purpose of Disbursement
Payroll

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Michael F. Lehman

Transaction ID: D319460

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Mailing Address 10908 Gainsborough Road

Amount of Each Disbursement this Period

1537.08

City Potomac State MD Zip Code 20854

Purpose of Disbursement
Payroll

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Brendan Monahan

Transaction ID: D319440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	8

Mailing Address 377 Elmwood Ave

Amount of Each Disbursement this Period

948.90

City Buffalo State NY Zip Code 14222

Purpose of Disbursement
Payroll

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3039.69

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Working Families Party</p> <p>Mailing Address 2 Nevins St</p> <p>City Brooklyn State NY Zip Code 11217</p> <p>Purpose of Disbursement Event Ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319630 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) ADP Easypay Buffalo</p> <p>Mailing Address 305 Spindrift Drive</p> <p>City Williamsville State NY Zip Code 14221</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319820 Date of Disbursement 04 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 26.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Kelly S. Miller</p> <p>Mailing Address 32 Eastwood Pl</p> <p>City Buffalo State NY Zip Code 14208</p> <p>Purpose of Disbursement Mileage Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319530 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 82.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

139.55

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address 789 Indian Church Rd

City State Zip Code
West Seneca NY 14224

Purpose of Disbursement
Phones, Internet & Installation
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D319610
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

1158.64

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Abraham Muson-Ellis

Mailing Address 76 Fairfield St

City State Zip Code
Buffalo NY 14214

Purpose of Disbursement
Canvassing Wages
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D319650
Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Catherine Walsh

Mailing Address 390 Starin Ave

City State Zip Code
Buffalo NY 14216

Purpose of Disbursement
Canvassing Wages
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D319660
Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1958.64

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Catherine Walsh

Mailing Address 390 Starin Ave

City Buffalo State NY Zip Code 14216

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319670
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Jacob Fox

Mailing Address Mountainview Pat BX17112 PO Box 60

City Binghamton State NY Zip Code 13902

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319700
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Joseph Nowadly

Mailing Address 62 Wellington Rd

City Buffalo State NY Zip Code 14216

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319710
Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Nathaniel Hess

Mailing Address 203 Capen Blvd

City Amherst State NY Zip Code 14226

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319720
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Auburn Quad

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement
Fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D303620
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

0.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Express Merchant Processing Solutions

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Merchant Account charges

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319850
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

0.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

201.35

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Express Merchant Processing Solutions

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Merchant Account charges

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319860
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

469.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Michael's

Mailing Address 5055 Transit Rd

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318981
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

34.04

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 8040 Main St

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Copy Services

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318991
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

386.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

889.40

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Planned Parenthood of Western New York	Transaction ID: D319011 Date of Disbursement 05 / 01 / 2008
	Mailing Address 2697 Main St	Amount of Each Disbursement this Period 75.00
	City Buffalo State NY Zip Code 14214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution Candidate Name	012 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) USPS	Transaction ID: D319021 Date of Disbursement 05 / 30 / 2008
	Mailing Address 5500 N Bailey Ave	Amount of Each Disbursement this Period 16.50
	City Amherst State NY Zip Code 14226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Alison M. Butler	Transaction ID: D319451 Date of Disbursement 06 / 15 / 2008
	Mailing Address 32 Eastwood Pl	Amount of Each Disbursement this Period 700.02
	City Buffalo State NY Zip Code 14208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	791.52
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) National Grid	Transaction ID: D319521 Date of Disbursement 04 / 21 / 2008
	Mailing Address 300 Erie Blvd West	Amount of Each Disbursement this Period 380.00
	City Syracuse State NY Zip Code 13202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Utilities Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Alison Sutter	Transaction ID: D319651 Date of Disbursement 06 / 24 / 2008
	Mailing Address 155 Irving Terrace	Amount of Each Disbursement this Period 200.00
	City Buffalo State NY Zip Code 14223	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Catherine Walsh	Transaction ID: D319661 Date of Disbursement 06 / 17 / 2008
	Mailing Address 390 Starin Ave	Amount of Each Disbursement this Period 300.00
	City Buffalo State NY Zip Code 14216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	880.00
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Jacob Fox Mailing Address Mountainview Pat BX17112 PO Box 60 City Binghamton State NY Zip Code 13902 Purpose of Disbursement Canvassing Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319701 Date of Disbursement 06 / 25 / 2008 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Nevin Byrd Mailing Address 4 Southwedge Dr City Getzville State NY Zip Code 14068 Purpose of Disbursement Canvassing Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319721 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo Mailing Address 305 Spindrift Drive City Williamsville State NY Zip Code 14221 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319821 Date of Disbursement 04 / 09 / 2008 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

425.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo	Transaction ID: D319831 Date of Disbursement 04 / 14 / 2008
	Mailing Address 305 Spindrift Drive	Amount of Each Disbursement this Period 1556.16
	City Williamsville State NY Zip Code 14221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo	Transaction ID: D319841 Date of Disbursement 06 / 29 / 2008
	Mailing Address 305 Spindrift Drive	Amount of Each Disbursement this Period 2211.23
	City Williamsville State NY Zip Code 14221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions	Transaction ID: D319851 Date of Disbursement 05 / 02 / 2008
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 163.67
	City Hagerstown State MD Zip Code 21740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant Account charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3931.06
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Express Merchant Processing Solutions

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Merchant Account charges

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319861
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

38.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 2865 Sheridan Dr

City Tonawanda State NY Zip Code 14150

Purpose of Disbursement
Banners

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318952
Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

167.19

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 8040 Main St

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318992
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

4.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

209.93

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Rite Aid</p> <p>Mailing Address 5447 Main St</p> <p>City Williamsville State NY Zip Code 14221</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319012</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 35.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 5500 N Bailey Ave</p> <p>City Amherst State NY Zip Code 14226</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319022</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 84.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Anne Robinson Wadsworth</p> <p>Mailing Address 1211 N Davis Rd</p> <p>City East Aurora State NY Zip Code 14052</p> <p>Purpose of Disbursement Mileage Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319422</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

149.60

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Anne Robinson Wadsworth</p> <p>Mailing Address 1211 N Davis Rd</p> <p>City East Aurora State NY Zip Code 14052</p> <p>Purpose of Disbursement Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319432</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="903.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brendan Monahan</p> <p>Mailing Address 377 Elmwood Ave</p> <p>City Buffalo State NY Zip Code 14222</p> <p>Purpose of Disbursement Mileage Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319442</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="71.96"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Alison M. Butler</p> <p>Mailing Address 32 Eastwood Pl</p> <p>City Buffalo State NY Zip Code 14208</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319452</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.02"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Alison Sutter

Mailing Address 155 Irving Terrace

City Buffalo State NY Zip Code 14223

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319652
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Time Warner Cable

Mailing Address 789 Indian Church Rd

City West Seneca State NY Zip Code 14224

Purpose of Disbursement
Phones & Internet

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319612
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

748.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Jeffery Tinen

Mailing Address 8 Murray St

City Binghamton State NY Zip Code 13905

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319702
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1148.43

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Joseph Nowadly</p> <p>Mailing Address 62 Wellington Rd</p> <p>City Buffalo State NY Zip Code 14216</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319712</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D303612</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 0.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP Easypay Buffalo</p> <p>Mailing Address 305 Spindrift Drive</p> <p>City Williamsville State NY Zip Code 14221</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319822</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 39.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

240.47

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant Account charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319852 Date of Disbursement 05 / 02 / 2008 Amount of Each Disbursement this Period 0.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D320942 Date of Disbursement 06 / 05 / 2008 Amount of Each Disbursement this Period 42.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 2645 Iron Point Rd Ste 100 City Fulsom State CA Zip Code 95630 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D300923 Date of Disbursement 04 / 08 / 2008 Amount of Each Disbursement this Period 192.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

235.15

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
BJ's Wholesale

Mailing Address 5183 Transit Rd

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318933
Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

79.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Demstore

Mailing Address 5125 MacArthur Blvd. NW

City State Zip Code
Washington DC 20016

Purpose of Disbursement
Campaign Materials

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318943
Date of Disbursement

06 / 12 / 2008

Amount of Each Disbursement this Period

316.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 2309 Eggert Road

City State Zip Code
Tonawanda NY 14150

Purpose of Disbursement
Furniture

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318983
Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

212.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

608.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8040 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318993 Date of Disbursement 06 / 16 / 2008 Amount of Each Disbursement this Period 35.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Rite Aid Mailing Address 5447 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319013 Date of Disbursement 05 / 29 / 2008 Amount of Each Disbursement this Period 4.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address 2645 Iron Point Rd Ste 100 City Fulsom State CA Zip Code 95630 Purpose of Disbursement Phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318833 Date of Disbursement 06 / 12 / 2008 Amount of Each Disbursement this Period 372.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

412.97

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)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 537104</p> <p>City Atlanta State GA Zip Code 30353</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319433 Date of Disbursement 04 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 71.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Caramax Studio</p> <p>Mailing Address 64 Roycroft Boulevard</p> <p>City Amherst State NY Zip Code 14226</p> <p>Purpose of Disbursement Web Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319443 Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 576.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Jaeckle Fleischman & Mugel LLP</p> <p>Mailing Address 12 Fountain Plaza</p> <p>City Buffalo State NY Zip Code 14202</p> <p>Purpose of Disbursement Utilities from beginning of sublease</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319453 Date of Disbursement 06 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 600.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1247.78

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Kelly S. Miller</p> <p>Mailing Address 32 Eastwood Pl</p> <p>City Buffalo State NY Zip Code 14208</p> <p>Purpose of Disbursement Mileage Reimbursements</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319483</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 55.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) National Fuel</p> <p>Mailing Address 2875 Union Rd</p> <p>City Cheektowaga State NY Zip Code 14227</p> <p>Purpose of Disbursement Utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319493</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 640.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) NAWBO</p> <p>Mailing Address PO Box 917</p> <p>City Williamsville State NY Zip Code 14221</p> <p>Purpose of Disbursement Event Ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319523</p> <p>Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 40.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

735.80

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Amanda Hermann</p> <p>Mailing Address 36 Harrison St</p> <p>City Buffalo State NY Zip Code 14210</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319653</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Chris Moscato</p> <p>Mailing Address 36 N Park Ave, Unit 1</p> <p>City Buffalo State NY Zip Code 14216</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319693</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Joseph Nowadly</p> <p>Mailing Address 62 Wellington Rd</p> <p>City Buffalo State NY Zip Code 14216</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319713</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Auburn Quad</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D303613</p> <p>Date of Disbursement 04 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 9.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Nevin Byrd</p> <p>Mailing Address 4 Southwedge Dr</p> <p>City Getzville State NY Zip Code 14068</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319723</p> <p>Date of Disbursement 06 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) ADP Easypay Buffalo</p> <p>Mailing Address 305 Spindrift Drive</p> <p>City Williamsville State NY Zip Code 14221</p> <p>Purpose of Disbursement Payroll Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319823</p> <p>Date of Disbursement 04 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 29.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	139.91
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo <hr/> Mailing Address 305 Spindrift Drive <hr/> City Williamsville State NY Zip Code 14221 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319833 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1566.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Merchant Account charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319843 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions <hr/> Mailing Address P.O. Box 6600 <hr/> City Hagerstown State MD Zip Code 21740 <hr/> Purpose of Disbursement Merchant Account charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319853 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 77.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1647.70

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Demstore Mailing Address 5125 MacArthur Blvd. NW City Washington State DC Zip Code 20016 Purpose of Disbursement Campaign Materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318944 Date of Disbursement 06 / 20 / 2008 Amount of Each Disbursement this Period 406.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	006 Category/ Type
B.	Full Name (Last, First, Middle Initial) Home Depot Mailing Address 2100 Elmwood Ave City Buffalo State NY Zip Code 14207 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318974 Date of Disbursement 04 / 22 / 2008 Amount of Each Disbursement this Period 11.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8040 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318984 Date of Disbursement 04 / 21 / 2008 Amount of Each Disbursement this Period 12.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

431.28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 8040 Main St

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Office Supplies
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D318994
Date of Disbursement

06 / 22 / 2008

Amount of Each Disbursement this Period

78.51

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Target

Mailing Address 1575 Niagara St

City State Zip Code
Buffalo NY 14213-1101

Purpose of Disbursement
Office Supplies
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D319014
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

67.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Verio

Mailing Address 8005 South Chester St

City State Zip Code
Englewood CO 80112

Purpose of Disbursement
Web Hosting
Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: D319024
Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

9.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

155.61

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Caramax Studio

Mailing Address 64 Roycroft Boulevard

City Amherst State NY Zip Code 14226

Purpose of Disbursement
Web Design

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319444
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

450.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Jaeckle Fleischman & Mugel LLP

Mailing Address 12 Fountain Plaza

City Buffalo State NY Zip Code 14202

Purpose of Disbursement
Rent

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319454
Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

3750.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
National Fuel

Mailing Address 2875 Union Rd

City Cheektowaga State NY Zip Code 14227

Purpose of Disbursement
Utilities

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319494
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

25.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4225.31

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Western New York Area Labor Federation

Mailing Address 2495 Main, St, Suite 440

City Buffalo State NY Zip Code 14214

Purpose of Disbursement

Event Tickets

Candidate Name

011
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319634

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

80.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Anant Kishore

Mailing Address 5728 Fieldbrook Dr

City Amherst State NY Zip Code 14051

Purpose of Disbursement

Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319654

Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Chris Moscato

Mailing Address 36 N Park Ave, Unit 1

City Buffalo State NY Zip Code 14216

Purpose of Disbursement

Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319694

Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

480.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Jeffery Tinen</p> <p>Mailing Address 8 Murray St</p> <p>City Binghamton State NY Zip Code 13905</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319704</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Raleigh</p> <p>Mailing Address 1474 Underhill Rd</p> <p>City Aurora State NY Zip Code 14052</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319714</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Nicole D'Ancona</p> <p>Mailing Address 25 S Lincoln Ave, Unit 310</p> <p>City Orchard Park State NY Zip Code 14127</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319724</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo Mailing Address 305 Spindrift Drive City Williamsville State NY Zip Code 14221 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319824 Date of Disbursement 05 / 07 / 2008 Amount of Each Disbursement this Period 39.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Merchant Account charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319844 Date of Disbursement 05 / 05 / 2008 Amount of Each Disbursement this Period 247.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant Account charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319854 Date of Disbursement 05 / 05 / 2008 Amount of Each Disbursement this Period 24.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

311.70

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Suburban Lock & Key Mailing Address 3122 Delaware Ave City Kenmore State NY Zip Code 14217 Purpose of Disbursement Keys Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318835 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 22.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Home Depot Mailing Address 4139 Transit Rd City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318975 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 8 Amount of Each Disbursement this Period 6.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8040 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318985 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 8 Amount of Each Disbursement this Period 18.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	47.26
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 8040 Main St

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Copy Services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318995
Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

142.61

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Walgreens

Mailing Address 5305 Main St

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319025
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

12.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address PO Box 537104

City State Zip Code
Atlanta GA 30353

Purpose of Disbursement
Cell Phone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319435
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

86.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

242.08

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
First Rehabilitation Life

Mailing Address 600 Northern Blvd

City State Zip Code
Great Neck NY 11021

Purpose of Disbursement
Insurance

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319445
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

125.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
New York State Democratic Committee

Mailing Address 461 Park Avenue
10th Floor

City State Zip Code
New York NY 10016

Purpose of Disbursement
Voter File

Candidate Name
New York State Democratic Committee

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319525
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1236.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
ADP Easypay Buffalo

Mailing Address 305 Spindrift Drive

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Payroll Taxes

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319835
Date of Disbursement

05 / 14 / 2008

Amount of Each Disbursement this Period

1506.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2868.07

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Anant Kishore</p> <p>Mailing Address 5728 Fieldbrook Dr</p> <p>City Amherst State NY Zip Code 14051</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319655</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Chris Moscato</p> <p>Mailing Address 36 N Park Ave, Unit 1</p> <p>City Buffalo State NY Zip Code 14216</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319695</p> <p>Date of Disbursement 06 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Johannes DeJong</p> <p>Mailing Address 1267 Warren Dr</p> <p>City Aurora State NY Zip Code 14052</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: D319705</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	800.00
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Michael Raleigh Mailing Address 1474 Underhill Rd City Aurora State NY Zip Code 14052 Purpose of Disbursement Canvassing Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319715 Date of Disbursement 06 / 17 / 2008 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo Mailing Address 305 Spindrift Drive City Williamsville State NY Zip Code 14221 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319825 Date of Disbursement 05 / 21 / 2008 Amount of Each Disbursement this Period 39.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant Account charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319855 Date of Disbursement 06 / 04 / 2008 Amount of Each Disbursement this Period 54.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	193.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: D320935
Date of Disbursement

Mailing Address PO Box 53852

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

City Phoenix State AZ Zip Code 85072

Amount of Each Disbursement this Period

4.50

Purpose of Disbursement
Merchant Processing Fees
Candidate Name

003
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Amazon

Transaction ID: D318926
Date of Disbursement

Mailing Address P.O. Box 80463

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

City Seattle State WA Zip Code 98108

Amount of Each Disbursement this Period

134.56

Purpose of Disbursement
Office Supplies
Candidate Name

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Dunkin' Donuts

Transaction ID: D318946
Date of Disbursement

Mailing Address 6800 Transit Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	0	8

City Williamsville State NY Zip Code 14221

Amount of Each Disbursement this Period

19.24

Purpose of Disbursement
Food for Volunteers
Candidate Name

001
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

158.30

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Great Northern Pizza Kitchen Mailing Address 5759 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Food for volunteers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318966 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 25.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Tops Mailing Address 3980 Maple Rd City Amherst State NY Zip Code 14226 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319016 Date of Disbursement 06 / 04 / 2008 Amount of Each Disbursement this Period 3.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Walgreens Mailing Address 5305 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319026 Date of Disbursement 06 / 19 / 2008 Amount of Each Disbursement this Period 1.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

30.84

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of WNY

Mailing Address PO Box 80

City Buffalo State NY Zip Code 14240

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319436

Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

1069.74

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 8040 Main St

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318986

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

94.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Grassroots Solutions

Mailing Address 2929 University Ave SE Suite 100

City Minneapolis State MN Zip Code 55414

Purpose of Disbursement
Consulting

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319446

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

7750.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

8914.34

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Keller Bros. & Miller Printing, Inc.

Mailing Address 401 Franklin

City Buffalo State NY Zip Code 14202

Purpose of Disbursement
Printing

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319456
Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

297.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 902 80th St Apt 102

City Niagara Falls State NY Zip Code 14304

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319696
Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 124 Wesley Ave

City Buffalo State NY Zip Code 14214

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319656
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

997.88

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Johannes DeJong</p> <p>Mailing Address 1267 Warren Dr</p> <p>City Aurora State NY Zip Code 14052</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319706</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Nathaniel Hess</p> <p>Mailing Address 203 Capen Blvd</p> <p>City Amherst State NY Zip Code 14226</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319716</p> <p>Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Nicole D'Ancona</p> <p>Mailing Address 25 S Lincoln Ave, Unit 310</p> <p>City Orchard Park State NY Zip Code 14127</p> <p>Purpose of Disbursement Canvassing Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319726</p> <p>Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo Mailing Address 305 Spindrift Drive City Williamsville State NY Zip Code 14221 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319826 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 41.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Merchant Account charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319856 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 32.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) OfficeMax Mailing Address 4101 Transit Rd City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318837 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 262.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

337.63

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Buffalo News

Mailing Address One News Plaza, PO Box 100

City Buffalo State NY Zip Code 14240

Purpose of Disbursement
News Subscription

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318937

Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

69.77

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Ichiban Seafood

Mailing Address 3192 Sheridan Dr

City Amherst State NY Zip Code 14226

Purpose of Disbursement
Campaign Event Food

Candidate Name

007
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318977

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

38.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 8040 Main St

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318987

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

70.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

178.24

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
OfficeMax

Mailing Address 4224 Maple Road

City Amherst State NY Zip Code 14226

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318997
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

55.97

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Wegman's

Mailing Address 5275 Sheridan Dr

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Food for Office Opening

Candidate Name

007
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319027
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

19.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Blue Cross Blue Shield of WNY

Mailing Address PO Box 80

City Buffalo State NY Zip Code 14240

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319437
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

268.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

344.24

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) NGP Software	Transaction ID: D319527 Date of Disbursement 06 / 06 / 2008
	Mailing Address 1225 Eye St. NW Suite 1225	Amount of Each Disbursement this Period 3900.00
	City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FEC Software Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions	Transaction ID: D319857 Date of Disbursement 06 / 04 / 2008
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 5.40
	City Hagerstown State MD Zip Code 21740	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant Account charges Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andrew Carlin	Transaction ID: D319657 Date of Disbursement 06 / 24 / 2008
	Mailing Address 124 Wesley Ave	Amount of Each Disbursement this Period 600.00
	City Buffalo State NY Zip Code 14214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4505.40
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Daniel Patterson	Transaction ID: D319697 Date of Disbursement 06 / 17 / 2008
	Mailing Address 235 W Utica St	Amount of Each Disbursement this Period 200.00
	City Buffalo State NY Zip Code 14222	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Johannes DeJong	Transaction ID: D319707 Date of Disbursement 06 / 24 / 2008
	Mailing Address 1267 Warren Dr	Amount of Each Disbursement this Period 500.00
	City Aurora State NY Zip Code 14052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Nathaniel Hess	Transaction ID: D319717 Date of Disbursement 06 / 17 / 2008
	Mailing Address 203 Capen Blvd	Amount of Each Disbursement this Period 500.00
	City Amherst State NY Zip Code 14226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	1200.00
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Nicole D'Ancona Mailing Address 25 S Lincoln Ave, Unit 310 City Orchard Park State NY Zip Code 14127 Purpose of Disbursement Canvassing Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319727 Date of Disbursement 06 / 24 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo Mailing Address 305 Spindrift Drive City Williamsville State NY Zip Code 14221 Purpose of Disbursement Payroll Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319827 Date of Disbursement 06 / 18 / 2008 Amount of Each Disbursement this Period 40.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo Mailing Address 305 Spindrift Drive City Williamsville State NY Zip Code 14221 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319837 Date of Disbursement 05 / 30 / 2008 Amount of Each Disbursement this Period 1565.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2105.22

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 100 / 126

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Express Merchant Processing Solutions

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Merchant Account charges

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319847
Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

366.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
New York State Democratic Committee

Mailing Address 461 Park Avenue
10th Floor

City New York State NY Zip Code 10016

Purpose of Disbursement
Use of voter file data

Candidate Name
New York State Democratic Committee

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D301518
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

* in-kind received

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

Mailing Address 4101 Transit Rd

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318838
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

76.11

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

5442.39

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Laporta's Pizzeria

Mailing Address 485 W. Klein Rd

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Food for Volunteers

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318978
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

35.53

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 8040 Main St

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318988
Date of Disbursement

06 / 07 / 2008

Amount of Each Disbursement this Period

118.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
OfficeMax

Mailing Address 4224 Maple Road

City State Zip Code
Amherst NY 14226

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318998
Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

28.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

182.17

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Wegman's	Transaction ID: D319028 Date of Disbursement 05 / 29 / 2008
	Mailing Address 5275 Sheridan Dr	Amount of Each Disbursement this Period 6.19
	City Williamsville State NY Zip Code 14221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food for Office Opening Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D318928 Date of Disbursement 04 / 25 / 2008
	Mailing Address PO Box 537104	Amount of Each Disbursement this Period 859.26
	City Atlanta State GA Zip Code 30353	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Phones Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type

C.	Full Name (Last, First, Middle Initial) Blue Cross Blue Shield of WNY	Transaction ID: D319438 Date of Disbursement 06 / 18 / 2008
	Mailing Address PO Box 80	Amount of Each Disbursement this Period 1073.16
	City Buffalo State NY Zip Code 14240	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Health Insurance Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

SUBTOTAL of Disbursements This Page (optional)	1938.61
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial)
Keller Bros. & Miller Printing, Inc.

Mailing Address 401 Franklin

City Buffalo State NY Zip Code 14202

Purpose of Disbursement
Printing

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319458
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

282.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Amherst Chamber of Commerce

Mailing Address 350 Essjay Road, Suite 200

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Membership Dues

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319418
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

215.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

Mailing Address 62 Maple Ave

City Keene State NH Zip Code 03431

Purpose of Disbursement
Insurance

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319528
Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

481.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

978.75

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 126

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Town of Amherst

Mailing Address 5583 Main St

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Maps

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319618

Date of Disbursement

05 / 23 / 2008

Amount of Each Disbursement this Period

4.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Andrew Carlin

Mailing Address 124 Wesley Ave

City State Zip Code
Buffalo NY 14214

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319658

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Daniel Patterson

Mailing Address 235 W Utica St

City State Zip Code
Buffalo NY 14222

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319698

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

604.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Nicole D'Ancona

Mailing Address 25 S Lincoln Ave, Unit 310

City Orchard Park State NY Zip Code 14127

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319728
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Anne Robinson Wadsworth

Mailing Address 1211 N Davis Rd

City East Aurora State NY Zip Code 14052

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319828
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1105.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Express Merchant Processing Solutions

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
Merchant Account charges

Candidate Name

003
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D319848
Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

24.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1330.48

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
HSBC

Mailing Address 3051 Sheridan Dr

City Amherst State NY Zip Code 14226

Purpose of Disbursement

Bank Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319858

Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Michael's

Mailing Address 5055 Transit Rd

City Williamsville State NY Zip Code 14221

Purpose of Disbursement

Office Supplies

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318979

Date of Disbursement

05 / 25 / 2008

Amount of Each Disbursement this Period

19.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Getzville Post Office

Mailing Address 2655 Millersport Hwy

City Getzville State NY Zip Code 14068

Purpose of Disbursement

Postage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D318959

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

25.82

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

75.60

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 8040 Main St City Williamsville State NY Zip Code 14221 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318989 Date of Disbursement 06 / 09 / 2008 Amount of Each Disbursement this Period 7.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) OfficeMax Mailing Address 4101 Transit Rd City Williamsville State NY Zip Code 14221 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D318999 Date of Disbursement 05 / 29 / 2008 Amount of Each Disbursement this Period 213.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) USPS Mailing Address 5500 N Bailey Ave City Amherst State NY Zip Code 14226 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D319019 Date of Disbursement 05 / 12 / 2008 Amount of Each Disbursement this Period 84.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

304.41

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 108 / 126

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wilcro Inc</p> <p>Mailing Address 500 Aero Dr</p> <p>City Buffalo State NY Zip Code 14225</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319029</p> <p>Date of Disbursement 05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 38.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Brendan Monahan</p> <p>Mailing Address 377 Elmwood Ave</p> <p>City Buffalo State NY Zip Code 14222</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319439</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 632.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hemisphere Communications</p> <p>Mailing Address 5655 S Park Ave</p> <p>City Hamburg State NY Zip Code 14075</p> <p>Purpose of Disbursement Phone Installation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319449</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 520.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1191.38

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
National Grid

Mailing Address 300 Erie Blvd West

City Syracuse State NY Zip Code 13202

Purpose of Disbursement
Utilities

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319519
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

380.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Jacob Fox

Mailing Address Mountainview Pat BX17112 PO Box 60

City Binghamton State NY Zip Code 13902

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319699
Date of Disbursement

06 / 17 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Johannes DeJong

Mailing Address 1267 Warren Dr

City Aurora State NY Zip Code 14052

Purpose of Disbursement
Canvassing Wages

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319709
Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

980.00

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Nathaniel Hess	Transaction ID: D319719 Date of Disbursement 06 / 24 / 2008
	Mailing Address 203 Capen Blvd	Amount of Each Disbursement this Period 600.00
	City Amherst State NY Zip Code 14226	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Canvassing Wages Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo	Transaction ID: D319829 Date of Disbursement 04 / 04 / 2008
	Mailing Address 305 Spindrift Drive	Amount of Each Disbursement this Period 1503.86
	City Williamsville State NY Zip Code 14221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo	Transaction ID: D319839 Date of Disbursement 06 / 13 / 2008
	Mailing Address 305 Spindrift Drive	Amount of Each Disbursement this Period 1701.79
	City Williamsville State NY Zip Code 14221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	3805.65
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

<p>A. Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Merchant Account charges Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319849 Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 0.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Express Merchant Processing Solutions</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Merchant Account charges Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319859 Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 22.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Anne Robinson Wadsworth</p> <p>Mailing Address 1211 N Davis Rd</p> <p>City East Aurora State NY Zip Code 14052</p> <p>Purpose of Disbursement Reimbursements Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D319428 Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 75.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

97.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Treehaven Farm

Mailing Address 981 Jamison Rd

City Elma State NY Zip Code 14059

Purpose of Disbursement

Tree Saplings

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319426

Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Michael F. Lehman

Mailing Address 10908 Gainsborough Road

City Potomac State MD Zip Code 20854

Purpose of Disbursement

Reimbursed Expenses

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319486

Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

40.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Mythos

Mailing Address 510 Elmwood

City Buffalo State NY Zip Code 14222

Purpose of Disbursement

Business Breakfast

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319490

Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

10.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

40.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Betty's Mailing Address 370 Virginia St City Buffalo State NY Zip Code 14201 Purpose of Disbursement Business Breakfast Candidate Name 007 Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319487 Date of Disbursement 04 / 18 / 2008 Amount of Each Disbursement this Period 23.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Allpro Parking, LLC Mailing Address 465 Main Street City Buffalo State NY Zip Code 14203 Purpose of Disbursement Parking Candidate Name 002 Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319488 Date of Disbursement 04 / 29 / 2008 Amount of Each Disbursement this Period 5.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Allpro Parking, LLC Mailing Address 465 Main Street City Buffalo State NY Zip Code 14203 Purpose of Disbursement Parking Candidate Name 002 Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D319489 Date of Disbursement 04 / 30 / 2008 Amount of Each Disbursement this Period 5.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
ADP Easypay Buffalo

Mailing Address 305 Spindrift Drive

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319830
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

3382.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Michael Alfoni

Mailing Address 411 Linebrook Rd

City State Zip Code
Ipswich MA 01938

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319862
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

1458.46

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Kelly S. Miller

Mailing Address 32 Eastwood PI

City State Zip Code
Buffalo NY 14208

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319872
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

724.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3382.14

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Michael F. Lehman

Mailing Address 10908 Gainsborough Road

City Potomac State MD Zip Code 20854

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319868
Date of Disbursement

04 / 14 / 2008

Amount of Each Disbursement this Period

1199.33

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ADP Easypay Buffalo

Mailing Address 305 Spindrift Drive

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319832
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

3382.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Michael Alfoni

Mailing Address 411 Linebrook Rd

City Ipswich State MA Zip Code 01938

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319863
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1458.46

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3382.14

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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Kelly S. Miller	Transaction ID: D319873
	Mailing Address 32 Eastwood PI	Date of Disbursement 04 / 29 / 2008
	City Buffalo State NY Zip Code 14208	Amount of Each Disbursement this Period 724.35
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Michael F. Lehman	Transaction ID: D319869
	Mailing Address 10908 Gainsborough Road	Date of Disbursement 04 / 29 / 2008
	City Potomac State MD Zip Code 20854	Amount of Each Disbursement this Period 1199.33
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo	Transaction ID: D319834
	Mailing Address 305 Spindrift Drive	Date of Disbursement 05 / 14 / 2008
	City Williamsville State NY Zip Code 14221	Amount of Each Disbursement this Period 3321.64
	Purpose of Disbursement Payroll Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3321.64
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Michael F. Lehman

Mailing Address 10908 Gainsborough Road

City Potomac State MD Zip Code 20854

Purpose of Disbursement
Payroll

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319870
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Amount of Each Disbursement this Period

1	1	9	9	.	3	3
---	---	---	---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Michael Alfoni

Mailing Address 411 Linebrook Rd

City Ipswich State MA Zip Code 01938

Purpose of Disbursement
Payroll

Candidate Name

001
Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319864
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Amount of Each Disbursement this Period

1	3	9	7	.	9	6
---	---	---	---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Kelly S. Miller

Mailing Address 32 Eastwood PI

City Buffalo State NY Zip Code 14208

Purpose of Disbursement
Payroll

Candidate Name

001
Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319874
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Amount of Each Disbursement this Period

7	2	4	.	3	5
---	---	---	---	---	---

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0	0	0	0	.	0	0
---	---	---	---	---	---	---

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

0	0	0	0	.	0	0
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
ADP Easypay Buffalo

Mailing Address 305 Spindrift Drive

City State Zip Code
Williamsville NY 14221

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319836
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

2579.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Michael F. Lehman

Mailing Address 10908 Gainsborough Road

City State Zip Code
Potomac MD 20854

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319871
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

475.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Michael Alfoni

Mailing Address 411 Linebrook Rd

City State Zip Code
Ipswich MA 01938

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319865
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

1397.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2579.38

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.	Full Name (Last, First, Middle Initial) Kelly S. Miller	Transaction ID: D319875 Date of Disbursement 05 / 29 / 2008
	Mailing Address 32 Eastwood Pl	Amount of Each Disbursement this Period 724.35
	City Buffalo State NY Zip Code 14208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) ADP Easypay Buffalo	Transaction ID: D319838 Date of Disbursement 06 / 13 / 2008
	Mailing Address 305 Spindrift Drive	Amount of Each Disbursement this Period 2112.31
	City Williamsville State NY Zip Code 14221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Alfoni	Transaction ID: D319866 Date of Disbursement 06 / 13 / 2008
	Mailing Address 411 Linebrook Rd	Amount of Each Disbursement this Period 1397.96
	City Ipswich State MA Zip Code 01938	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	2112.31
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)

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Kelly S. Miller

Mailing Address 32 Eastwood Pl

City Buffalo State NY Zip Code 14208

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319876
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

724.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
ADP Easypay Buffalo

Mailing Address 305 Spindrift Drive

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319840
Date of Disbursement

06 / 29 / 2008

Amount of Each Disbursement this Period

3142.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Michael Alfoni

Mailing Address 411 Linebrook Rd

City Ipswich State MA Zip Code 01938

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319867
Date of Disbursement

06 / 29 / 2008

Amount of Each Disbursement this Period

1397.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3142.65

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 121 / 126

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A. Full Name (Last, First, Middle Initial) Kelly S. Miller	Transaction ID: D319877 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <table border="0"> <tr> <td style="text-align:center">M</td><td style="text-align:center">M</td><td style="text-align:center">/</td> <td style="text-align:center">D</td><td style="text-align:center">D</td><td style="text-align:center">/</td> <td style="text-align:center">Y</td><td style="text-align:center">Y</td><td style="text-align:center">Y</td><td style="text-align:center">Y</td> </tr> <tr> <td style="text-align:center">0</td><td style="text-align:center">6</td><td></td> <td style="text-align:center">2</td><td style="text-align:center">9</td><td></td> <td style="text-align:center">2</td><td style="text-align:center">0</td><td style="text-align:center">0</td><td style="text-align:center">8</td> </tr> </table> </div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	8												
Mailing Address 32 Eastwood PI	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">795.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]																				
City Buffalo State NY Zip Code 14208																					
Purpose of Disbursement Payroll																					
Candidate Name _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

B. Full Name (Last, First, Middle Initial) Brendan Monahan	Transaction ID: D319878 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <table border="0"> <tr> <td style="text-align:center">M</td><td style="text-align:center">M</td><td style="text-align:center">/</td> <td style="text-align:center">D</td><td style="text-align:center">D</td><td style="text-align:center">/</td> <td style="text-align:center">Y</td><td style="text-align:center">Y</td><td style="text-align:center">Y</td><td style="text-align:center">Y</td> </tr> <tr> <td style="text-align:center">0</td><td style="text-align:center">6</td><td></td> <td style="text-align:center">2</td><td style="text-align:center">9</td><td></td> <td style="text-align:center">2</td><td style="text-align:center">0</td><td style="text-align:center">0</td><td style="text-align:center">8</td> </tr> </table> </div>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	8												
Mailing Address 377 Elmwood Ave	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">948.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]																				
City Buffalo State NY Zip Code 14222																					
Purpose of Disbursement Payroll																					
Candidate Name _____	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px; text-align: right;">88924.91</div>

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 122 / 126

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

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NAME OF COMMITTEE (In Full)
Kryzan for Congress

A.

Full Name (Last, First, Middle Initial)
Western New York Area Labor Federation

Mailing Address 2495 Main, St, Suite 440

City Buffalo State NY Zip Code 14214

Purpose of Disbursement
Program Ad

Candidate Name

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319633

Date of Disbursement

04 / 15 / 2008

Amount of Each Disbursement this Period

175.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Amherst Drug Court & Therapeutic Foundation

Mailing Address 75 Troy Del Way

City Williamsville State NY Zip Code 14221

Purpose of Disbursement
Event Ticket

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D319419

Date of Disbursement

05 / 08 / 2008

Amount of Each Disbursement this Period

75.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Kryzan for Congress

Transaction ID: L549

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms. Alice J. Kryzan, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 317

City Amherst State NY ZIP Code 14226

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
27000.00	0.00	27000.00

TERMS

Date Incurred: MM/ DD / YYYY = 08 / 27 / 2007
Date Due: 12/01/2013
Interest Rate: .0000 % (apr)
Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional)	▶	27000.00
TOTALS This Period (last page in this line only)	▶	.00

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

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Kryzan for Congress

Transaction ID: L579

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms. Alice J. Kryzan, PERS FUNDS - [PERSONAL FUNDS]

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address P.O. Box 317

City Amherst State NY ZIP Code 14226

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	0.00	70000.00

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="70000.00"/>
TOTALS This Period (last page in this line only)	<input type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Kryzan for Congress

Transaction ID: L688

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ms. Alice J. Kryzan, PERS FUNDS - [PERSONAL FUNDS]

Mailing Address P.O. Box 317

City Amherst State NY ZIP Code 14226

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM 06 DD 30 YY 2008	On Demand	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="60000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="157000.00"/>

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

Image# 28932178387

Form/Schedule: **SC/10**
Transaction ID: **L579**

14553688
