

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

<p>A. Full Name, Mailing Address and Zip Code Jeffrey Williams 4843 Terrace Dr. Niagara Falls, NY 14305-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Niagara Mohawk</p> <p>Occupation Manager Local Gov't Affairs</p> <p>Aggregate Year-to-Date -> 1,715.00</p>	<p>Date (month, day, year) 06/26/2000</p>	<p>Amount of Each Receipt this Period 715.00</p>
<p>B. Full Name, Mailing Address and Zip Code Monohar Wagle 115 Troyview Buffalo, NY 14221-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Degood Machinery</p> <p>Occupation Manufacturer</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 05/30/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Anthony Salerno 1 Linden Pl. STE 400 Great Neck, NY 11021-2640</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer RTNH</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date -> 360.00</p>	<p>Date (month, day, year) 05/08/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Frank Carpenter 951 East Ave. Rochester, NY 14607-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Financial Advisor</p> <p>Aggregate Year-to-Date -> 100.00</p>	<p>Date (month, day, year) 05/22/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>E. Full Name, Mailing Address and Zip Code Frank Carpenter 951 East Ave. Rochester, NY 14607-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Financial Advisor</p> <p>Aggregate Year-to-Date -> 225.00</p>	<p>Date (month, day, year) 06/03/2000</p>	<p>Amount of Each Receipt this Period 125.00</p>
<p>F. Full Name, Mailing Address and Zip Code Terrance Flynn 297 Hartwell Rd Buffalo, NY 14216-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gibson, McAskill</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 1,340.00</p>	<p>Date (month, day, year) 06/18/2000</p>	<p>Amount of Each Receipt this Period 590.00</p>
<p>G. Full Name, Mailing Address and Zip Code Lewis Serventi 16 Prospect St PO Box 14 Pozzy, NY 14530-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Law-Mark Baking</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 06/29/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,030.00</p>
<p>TOTAL This Period (last page this line number only)</p>	