

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**Brian Higgins for Congress**

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

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

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
07 / 01 / 2015 through 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gary Kanaley

Signature of Treasurer Mr. Gary Kanaley *[Electronically Filed]* Date M M / D D / Y Y Y Y  
10 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Brian Higgins for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	73569.76	204635.24
(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)).....	73569.76	204635.24
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	45551.02	166345.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	1026.99	1162.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44524.03	165183.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	651197.29	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	540.12	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Brian Higgins for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37300.20	485532.70
(ii) Unitemized .....	10304.00	39914.00
(iii) TOTAL of contributions from individuals .....	47604.20	109984.68
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	25965.56	94650.56
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	73569.76	204635.24
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1026.99	1162.44
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	1310.02
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	74596.75	207107.70

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45551.02	166345.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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 .....	12814.00	36867.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58365.02	203212.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	634965.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74596.75
25. SUBTOTAL (add Line 23 and Line 24).....	709562.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58365.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	651197.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Barclay Damon LLP**

Mailing Address Avant Building, Ste. 1200  
200 Delaware Ave.

City Buffalo State NY Zip Code 14202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613860**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Arthur Bean**

Mailing Address 121 Woodcrest Dr.

City Buffalo State NY Zip Code 14220

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613598**

Amount of Each Receipt this Period  
 70.00

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

Mailing Address 570 Delaware Ave

City Buffalo State NY Zip Code 14202

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

Name of Employer Occupation  
Benderson Development Real Estate Development

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : C10613869**

Amount of Each Receipt this Period  
 500.00

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

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

1070.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**David Berman**

Mailing Address 88 Woodshire N

City Getzville State NY Zip Code 14068

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

Name of Employer Woodlawn Beach Sewer Plant Occupation Lab Tech

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2015**

**Transaction ID : C10613599**

Amount of Each Receipt this Period  
**60.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Berman**

Mailing Address 88 Woodshire N

City Getzville State NY Zip Code 14068

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

Name of Employer Woodlawn Beach Sewer Plant Occupation Lab Tech

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 27 / 2015**

**Transaction ID : C10613877**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 174 Covent Garden Ln.

City Williamsville State NY Zip Code 14221

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

Name of Employer Buffalo Filter Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 12 / 2015**

**Transaction ID : C10613829**

Amount of Each Receipt this Period  
**500.00**

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

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

**610.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kevin Brinkworth**

Mailing Address 139 Greenaway Rd

City Eggertsville State NY Zip Code 14226

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

Name of Employer self Occupation developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10613893**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Bryant**

Mailing Address 8636 Millcreek Dr.

City East Amherst State NY Zip Code 14051

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

Name of Employer best effort Occupation best effort

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613831**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 470 Cayuga Road

City State Zip Code 14225

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

Name of Employer Forbes Capretto Occupation President/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613832**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Caruana**

Mailing Address 52 Beresford Ct.

City State Zip Code  
Williamsville NY 14221

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

Name of Employer Occupation  
Synergy Bariatrics Medical Director/Surgeon

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613834**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lisa A. Damiani**

Mailing Address 69 Kingsgate Road

City State Zip Code  
Snyder NY 14226

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

Name of Employer Occupation  
Roswell Park Cancer Institute Director of Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613835**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 5490 Newhouse Road

City State Zip Code  
East Amherst NY 14051

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

Name of Employer Occupation  
retired retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4940.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10613921**

Amount of Each Receipt this Period  
2700.00

\* In-Kind: fundraising expenses

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

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

3700.00

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

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

FOR LINE NUMBER: PAGE 9 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Daniel**

Mailing Address 5490 Newhouse Road

City East Amherst State NY Zip Code 14051

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

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4940.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10613922**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2240.20

\* In-Kind: fundraising expenses

**B.** Full Name (Last, First, Middle Initial)  
**Joel L Daniels**

Mailing Address 42 Delaware Ave.  
Ste 700

City Buffalo State NY Zip Code 14202

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

Name of Employer Self employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613836**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

Mailing Address 2706 Pine Ave

City Niagara Falls State NY Zip Code 14301

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

Name of Employer self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613630**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

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

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

\_\_\_\_\_ 2840.20

\_\_\_\_\_

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

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15  
 PAGE 10 OF 66

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

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

Mailing Address 2706 Pine Ave

City State Zip Code  
 Niagara Falls NY 14301

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

Name of Employer self Occupation  
 Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : C10613780**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 81 Candy Ln

City State Zip Code  
 Orchard Park NY 14127-4606

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

Name of Employer self-employed Occupation  
 Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613643**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 9668 Oakgrove Drive

City State Zip Code  
 Angola NY 14006

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

Name of Employer Information Requested Occupation  
 Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 335.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613644**

Amount of Each Receipt this Period  
 35.00

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

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

735.00

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

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

FOR LINE NUMBER: PAGE 11 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Harbinder S. Gill**

Mailing Address 17 Glen Eagle Court

City Williamsville State NY Zip Code 14221

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

Name of Employer Hatch Acres Corporation Occupation Engineer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613837**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

Mailing Address 151 Buffalo Avenue, Suite 204

City Niagara Falls State NY Zip Code 14303

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

Name of Employer Maid of the Mist Corporation Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : C10613782**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

Mailing Address 151 Buffalo Ave. Ste. 204

City Niagara Falls State NY Zip Code 14303

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

Name of Employer Maid of the Mist Corporation Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : C10613783**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

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

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

\_\_\_\_\_ 2000.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 39 Rabin Terrace

City Buffalo State NY Zip Code 14201

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

Name of Employer Law Offices of Joseph C. Grasmick Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : C10613578**

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**Harter Secret & Emery LLP**

Mailing Address Twelve Fountain Plaza, Suite 400

City Buffalo State NY Zip Code 14202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : C10613573**

Amount of Each Receipt this Period  
**2000.00**

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

Mailing Address 131 Highland Ave.

City Buffalo State NY Zip Code 14222

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

Name of Employer Mosey Perisco, LLP Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **460.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613678**

Amount of Each Receipt this Period  
**60.00**

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

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

**2095.00**

**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 13 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 703 W Ferry St  
Apt D17

City Buffalo State NY Zip Code 14222-1677

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

Name of Employer self Occupation attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **395.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613680**

Amount of Each Receipt this Period  
**45.00**

**B.** Full Name (Last, First, Middle Initial)  
**Frank T. Housh**

Mailing Address 70 Niagara Street  
Suite 110

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **535.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613682**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 70 Niagara Street  
Suite 110

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **535.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : C10613807**

Amount of Each Receipt this Period  
**500.00**

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

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

**580.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 66

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

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

Mailing Address 33 Gates Circle #10B

City State Zip Code  
 Buffalo NY 14209

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

Name of Employer Occupation Information Requested  
 Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613687**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Victoria Kinney**

Mailing Address 10115 Clarence Center Rd.

City State Zip Code  
 Clarence NY 14031

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

Name of Employer Occupation Information Requested  
 best effort best effort

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613839**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1750 Hall Rd.

City State Zip Code  
 Elma NY 14059

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

Name of Employer Occupation Information Requested  
 FreedMaxick Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2015

**Transaction ID : C10613871**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Julie Elizabeth Kruger**

Mailing Address 455 Parkside Avenue

City State Zip Code  
Buffalo NY 14216

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

Name of Employer Occupation  
Richards & Kruger Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : C10613912**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark Leary**

Mailing Address 196 Berryman Dr

City State Zip Code  
Snyder NY 14226

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

Name of Employer Occupation  
Calspan Eng. Tech.

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613696**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 102 Linwood Avenue

City State Zip Code  
Buffalo NY 14209

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

Name of Employer Occupation  
Self Employed Funeral Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613840**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 16 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dominic Mallare**

Mailing Address 8115 County Rd.

City East Amherst State NY Zip Code 14051

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

Name of Employer retired Occupation retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613841**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jed Manocherian**

Mailing Address 18 E 50th St.

City New York State NY Zip Code 10022

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

Name of Employer Woodbranch Investments Occupation Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10613896**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 18 E 50th St.

City New York State NY Zip Code 10022

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

Name of Employer Woodbranch Investments Occupation Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : C10613897**

Amount of Each Receipt this Period  
 2300.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**David McNamara**

Mailing Address 89 North Shore Drive

City State Zip Code  
Buffalo NY 14219

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

Name of Employer Occupation  
Philips Lytle attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613842**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael M. Meyers**

Mailing Address 7799 Hywood Dr.

City State Zip Code  
Hamburg NY 14075

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

Name of Employer Occupation  
best effort best effort

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613843**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 237 Main St  
Ste 600

City State Zip Code  
Buffalo NY 14203-2708

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

Name of Employer Occupation  
best effort best effort

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613845**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mark R. Podlas**

Mailing Address 40 Van Pelt Court

City East Amherst State NY Zip Code 14051

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

Name of Employer Self Occupation Doctor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613846**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jens Ponikau**

Mailing Address 36 LeBrun Circle

City Amherst State NY Zip Code 14226

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

Name of Employer University at Buffalo Occupation Clinical Assistant Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613848**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4506 Main Street

City Buffalo State NY Zip Code 14226

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : C10613812**

Amount of Each Receipt this Period  
 250.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Denise M. Scheig**

Mailing Address 26 Clarendon Place

City Buffalo State NY Zip Code 14209

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

Name of Employer best effort Occupation best effort

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613850**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**David J. Shatzel Sr.**

Mailing Address 1067 Amherst Street

City Buffalo State NY Zip Code 14216

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

Name of Employer Coles Restaurant Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613730**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**David J. Shatzel Sr.**

Mailing Address 1067 Amherst Street

City Buffalo State NY Zip Code 14216

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

Name of Employer Coles Restaurant Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613731**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Robert Stevenson**

Mailing Address 779 Washington St

City Buffalo State NY Zip Code 14203

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

Name of Employer Eastman Machine Company Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : C10613914**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Randy Strauss**

Mailing Address 5056 Rockledge Rd.

City Clarence State NY Zip Code 14031

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

Name of Employer StraussGroup, Inc. Occupation Founder and Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613851**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 42 Countryside Lane

City Depew State NY Zip Code 14043

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613852**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 21 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Dimitri Tzetzto**

Mailing Address 37 Franklin St.  
Suite 210

City Buffalo State NY Zip Code 14202

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613741**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Nicholas Tzetzto**

Mailing Address 37 Franklin St.  
Suite 210

City Buffalo State NY Zip Code 14202

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613742**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7202 Woodmore Ct.

City Lockport State NY Zip Code 14094

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : C10613872**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 22 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Sally Vastola**

Mailing Address 27 Collins Ct.

City Getzville State NY Zip Code 14068

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

Name of Employer Nixon Peabody Occupation Strategic Policy Advisor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613853**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Earl Wells III**

Mailing Address 6420 Heise Rd

City Clarence Center State NY Zip Code 14032

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

Name of Employer E3 Communications Occupation Executive

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613854**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6325 Boston State Rd

City Hamburg State NY Zip Code 14075

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

Name of Employer NY State Courts Occupation secretary

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613746**

Amount of Each Receipt this Period  
 70.00

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

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

1070.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Rick Winter**

Mailing Address 295 Main Street  
Suite 214

City Buffalo State NY Zip Code 14203

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

Name of Employer Richardson Management Occupation President/CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
09 / 12 / 2015

**Transaction ID : C10613855**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 737 Main St, Ste. 300

City Buffalo State NY Zip Code 14203-1335

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

Name of Employer Milestone LLC Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
07 / 05 / 2015

**Transaction ID : C10613569**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
07 / 05 / 2015

**Transaction ID : C10613569B**

Amount of Each Receipt this Period  
1000.00

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

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 737 Main St, Ste. 300

City Buffalo State NY Zip Code 14203-1335

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

Name of Employer Milestone LLC Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
07 / 05 / 2015

**Transaction ID : C10613909A**

Amount of Each Receipt this Period  
1700.00

\* Earmarked Contribution: See Below

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : C10613909AB**

Amount of Each Receipt this Period  
1700.00

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

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

Mailing Address 737 Main St, Ste. 300

City Buffalo State NY Zip Code 14203-1335

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

Name of Employer Milestone LLC Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
07 / 05 / 2015

**Transaction ID : C10613910A**

Amount of Each Receipt this Period  
300.00

\* Earmarked Contribution: See Below

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 25 OF 66  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : C10613910AB**

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
**Lawley Ross & Best**

Mailing Address 361 Delaware Ave.

City State Zip Code  
Buffalo NY 14202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 31 / 2015

**Transaction ID : C10613817**

Amount of Each Receipt this Period  
500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 6506 E Quaker St  
Ste 200

City State Zip Code  
Orchard Park NY 14127-2502

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 12 / 2015

**Transaction ID : C10613861**

Amount of Each Receipt this Period  
1000.00

PARTNERSHIP--partners below if itemized

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

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

1500.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Cheryl Meyers Meyers Buth**

Mailing Address 6506 E Quaker St  
Ste 200

City Orchard Park State NY Zip Code 14127-2502

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

Name of Employer Murphy Meyers, LLP Occupation Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613862**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Margaret A. Murphy**

Mailing Address 5354 Briercliff Drive

City Hamburg State NY Zip Code 14075

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

Name of Employer self Occupation attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613863**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

**C.** Full Name (Last, First, Middle Initial)  
**Villarini and Henry LLP**

Mailing Address 16 Main St.

City Hamburg State NY Zip Code 14075

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613864**

Amount of Each Receipt this Period  
500.00

PARTNERSHIP--partners below if itemized

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

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

500.00

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Daniel John Henry Jr.**

Mailing Address 16 Main St.

City State Zip Code  
Hamburg NY 14075

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

Name of Employer Occupation  
Villarini and Henry LLP Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613867**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

**B.** Full Name (Last, First, Middle Initial)  
**Robert Villarini**

Mailing Address 16 Main St.

City State Zip Code  
Hamburg NY 14075

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

Name of Employer Occupation  
Villarini and Henry LLP Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613866**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
\*

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

37300.20

**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 28 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>3 Cathedral Ct.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 13 / 2015
Mailing Address		<b>Transaction ID : C10613755</b>
City	State	Zip Code
West Seneca	NY	14224
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 60.00	

Full Name (Last, First, Middle Initial) <b>AMERICAN HOSPITAL ASSOCIATION PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2015
Mailing Address 325 Seventh Street NW Suite 700		<b>Transaction ID : C10589102</b>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.	C C00106146	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Citizens for Kane</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 171 Stonehenge Dr.		<b>Transaction ID : C10613899</b>
City	State	Zip Code
Orchard Park	NY	14127
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	660.00
<b>TOTAL</b> 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

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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)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Tom Best Jr.**

Mailing Address P.O. Box 387

City State Zip Code  
Hamburg NY 14075

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10613891**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Democracy Engine, LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City State Zip Code  
Washington DC 20011-5873

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
0.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : C10613572**

Amount of Each Receipt this Period  
0.56

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

Mailing Address 12234 Hunts Corners Rd.

City State Zip Code  
Akron NY 14001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613752**

Amount of Each Receipt this Period  
60.00

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

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

160.56

**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 30 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Emilio for Justice**

Mailing Address 12234 Hunts Corners Rd.

City Akron State NY Zip Code 14001

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613856**

Amount of Each Receipt this Period  
 500.00

Amount of Each Receipt this Period  
 1100.00

**B.** Full Name (Last, First, Middle Initial)  
**FIRST NIAGARA BANK NA PAC**

Mailing Address 726 EXCHANGE STREET SUITE 618  
LARKIN BUILDING

City BUFFALO State NY Zip Code 14210

FEC ID number of contributing federal political committee. **C** C00570309

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2015

**Transaction ID : C10613822**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Anthony M. Masiello**

Mailing Address 115 Frontenac Avenue

City Buffalo State NY Zip Code 14216

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613857**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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Detailed Summary Page

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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)  
**Brian Higgins for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Christopher P. Scanlon**

Mailing Address **PO Box 154**

City **Buffalo** State **NY** Zip Code **14220-0154**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2015**

**Transaction ID : C10613756**

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Joel Giambra**

Mailing Address **3598 Heatherwood Drive**

City **Hamburg** State **NY** Zip Code **14075**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 13 / 2015**

**Transaction ID : C10613754**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Joel Giambra**

Mailing Address **3598 Heatherwood Drive**

City **Hamburg** State **NY** Zip Code **14075**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : C10613873**

Amount of Each Receipt this Period  
**500.00**

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

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

**635.00**

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Kelly Brinkworth**

Mailing Address 50 Barnabas Dr.

City Depew State NY Zip Code 14043

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **60.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613751**

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Mark Poloncarz**

Mailing Address PO Box 87

City Buffalo State NY Zip Code 14201-0087

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **60.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : C10613592**

Amount of Each Receipt this Period  
**60.00**

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Mark Schroeder**

Mailing Address PO Box 743

City Buffalo State NY Zip Code 14220-0743

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **470.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613757**

Amount of Each Receipt this Period  
**120.00**

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

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

**215.00**

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Friends of Paul Dyster**

Mailing Address P.O. Box 127

City State Zip Code  
Niagara Falls NY 14305

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613753**

Amount of Each Receipt this Period  
 60.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS/LOCAL 17**

Mailing Address 5959 VERSAILLES RD

City State Zip Code  
LAKEVIEW NY 14085

FEC ID number of contributing federal political committee. **C** C00104455

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : C10613821**

Amount of Each Receipt this Period  
 4925.00

**C.** Full Name (Last, First, Middle Initial)  
**MACHINISTS NON PARTISAN POLITICAL LEAGUE**

Mailing Address 9000 Machinists Place

City State Zip Code  
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : C10613776**

Amount of Each Receipt this Period  
 5000.00

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

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

9985.00

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

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

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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)  
**Brian Higgins for Congress**

A. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF LETTER CARRIERS OF UNITED**

Mailing Address 100 Indiana Avenue, NW  
Suite 813

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00114314**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015

**Transaction ID : C10613777**

Amount of Each Receipt this Period  
1000.00

B. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C70002563**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : C10589103**

Amount of Each Receipt this Period  
1000.00

C. Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C C70002563**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : C10613892**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

**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 35 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 6363 MAIN STREET

City WILLIAMSVILLE State NY Zip Code 14221

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015

**Transaction ID : C10613823**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6363 MAIN STREET

City WILLIAMSVILLE State NY Zip Code 14221

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : C10613874**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 27 LEHIGH COURT

City ROCKVILLE CENTRE State NY Zip Code 11570

FEC ID number of contributing federal political committee. **C C00290098**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : C10613875**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
**TOMPAC FEDERAL MULTICANDIDATE COMMITTEE**

Mailing Address 228 S. WASHINGTON ST.  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00364174**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : C10613868**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address 8000 EAST JEFFERSON AVENUE

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2015

**Transaction ID : C10613900**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI**

Mailing Address 1775 K STREET NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C70003645**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 07 / 2015

**Transaction ID : C10589104**

Amount of Each Receipt this Period  
 5000.00

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

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

8000.00

**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 37 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**West Seneca Democratic Committee**

Mailing Address 69 Rose Avenue

City West Seneca State NY Zip Code 14224

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : C10613758**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

60.00

25965.56

**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 38 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613784</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.31
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613785</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.05
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613790</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.26
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	239.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613791</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 66.68
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1237.92	

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613792</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.54
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1237.92	

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613793</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.57
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1237.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	214.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613795</b>
City Buffalo	State NY	Zip Code 14220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 78.65	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1237.92	

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613796</b>
City Buffalo	State NY	Zip Code 14220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 61.20	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1237.92	

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613797</b>
City Buffalo	State NY	Zip Code 14220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 58.46	
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1237.92	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	198.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613798</b>
City Buffalo	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.86
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613800</b>
City Buffalo	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.57
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613801</b>
City Buffalo	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.82
Name of Employer Information Requested	Occupation Information Requested	Election Cycle-to-Date 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	162.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 66
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613802</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.09
Name of Employer Information Requested	Occupation Information Requested	Amount of Each Receipt this Period 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613804</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.10
Name of Employer Information Requested	Occupation Information Requested	Amount of Each Receipt this Period 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Brian Higgins</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 03 / 2015
Mailing Address 43 Morgan Rd		<b>Transaction ID : C10613805</b>
City Buffalo	State Zip Code NY 14220	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.67
Name of Employer Information Requested	Occupation Information Requested	Amount of Each Receipt this Period 1237.92
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 43 OF 66  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 43 Morgan Rd

City Buffalo State NY Zip Code 14220

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1237.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : C10613806**

Amount of Each Receipt this Period  
51.16

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

51.16

1026.99

**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 44 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 110.43		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530856		
Purpose of Disbursement payroll processing fee		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 7.00		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530857		
Purpose of Disbursement state fee		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. ADP, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 92.83		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530858		
Purpose of Disbursement payroll taxes		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	210.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 66			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 114.99		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530859		
Purpose of Disbursement payroll processing fee		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 92.83		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530860		
Purpose of Disbursement payroll taxes		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. ADP, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 114.99		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530861		
Purpose of Disbursement payroll processing fee		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	322.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 66
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 92.83 <b>Transaction ID : D530862</b>
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement payroll taxes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 7.00 <b>Transaction ID : D530868</b>
City Alpharetta	State GA	
Zip Code 30005	Purpose of Disbursement state fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 311.26 <b>Transaction ID : D530847</b>
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement cell phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	411.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 66			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015	
Mailing Address P.O. Box 537104			Amount of Each Disbursement this Period 245.50	
City Atlanta	State GA	Zip Code 30353	Transaction ID : D530848	
Purpose of Disbursement cell phones		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015	
Mailing Address P.O. Box 537104			Amount of Each Disbursement this Period 237.40	
City Atlanta	State GA	Zip Code 30353	Transaction ID : D530849	
Purpose of Disbursement cell phones		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. Dr. Gregory Daniel</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015	
Mailing Address 5490 Newhouse Road			Amount of Each Disbursement this Period 2700.00	
City East Amherst	State NY	Zip Code 14051	Transaction ID : D530866	
Purpose of Disbursement fundraising expenses		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	* In-Kind Received		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3182.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gregory Daniel</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015	
Mailing Address 5490 Newhouse Road			Amount of Each Disbursement this Period 2240.20	
City East Amherst	State NY	Zip Code 14051	Transaction ID : <b>D530867</b>	
Purpose of Disbursement fundraising expenses		Category/ Type	* In-Kind Received	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Dennis Dargavel</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015	
Mailing Address 1110 Abbott Rd			Amount of Each Disbursement this Period 3000.00	
City Buffalo	State NY	Zip Code 14220	Transaction ID : <b>D530799</b>	
Purpose of Disbursement fundraising consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Dennis Dargavel</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015	
Mailing Address 1110 Abbott Rd			Amount of Each Disbursement this Period 3000.00	
City Buffalo	State NY	Zip Code 14220	Transaction ID : <b>D530800</b>	
Purpose of Disbursement fundraising consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8240.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Dargavel</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 1110 Abbott Rd		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : D530801</b>
City Buffalo	State NY	
Purpose of Disbursement fundraising consulting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ditondo's Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 370 Seneca St		Amount of Each Disbursement this Period 5558.00 <b>Transaction ID : D530785</b>
City Buffalo	State NY	
Purpose of Disbursement fundraiser venue		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Erie County Democratic Town Chairs Association</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address c/o Justin Rooney 32 Bloomingdale Ave.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D530820</b>
City Akron	State NY	
Purpose of Disbursement political contribution		Category/ Type 011
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9058.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 66			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address P.O. Box 542000		Amount of Each Disbursement this Period 527.00 <b>Transaction ID : D530844</b>
City Omaha	State NE	
Purpose of Disbursement car payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address P.O. Box 542000		Amount of Each Disbursement this Period 527.00 <b>Transaction ID : D530845</b>
City Omaha	State NE	
Purpose of Disbursement car payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ford Credit</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address P.O. Box 542000		Amount of Each Disbursement this Period 527.00 <b>Transaction ID : D530846</b>
City Omaha	State NE	
Purpose of Disbursement car payment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1581.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 30 Ivy St SE			Amount of Each Disbursement this Period 20.00	
City Washington	State DC	Zip Code 20003	Transaction ID : D530798	
Purpose of Disbursement dues		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NGP VAN Software, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015	
Mailing Address 1101 15th Street, NW Suite 500			Amount of Each Disbursement this Period 1650.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D530797	
Purpose of Disbursement quarterly software fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Partners' Press</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015	
Mailing Address 1881 Kenmore Ave			Amount of Each Disbursement this Period 782.61	
City Kenmore	State NY	Zip Code 14217	Transaction ID : D530802	
Purpose of Disbursement invites		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2452.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 66			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Partners' Press</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015		
Mailing Address 1881 Kenmore Ave			Amount of Each Disbursement this Period 814.15		
City Kenmore	State NY	Zip Code 14217	Transaction ID : <b>D530803</b>		
Purpose of Disbursement invites		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015		
Mailing Address 144 2nd St FI 1			Amount of Each Disbursement this Period 81.02		
City San Francisco	State CA	Zip Code 94105-3718	Transaction ID : <b>D530843</b>		
Purpose of Disbursement credit card processing fee		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Polish American Journal</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015		
Mailing Address P.O. Box 198			Amount of Each Disbursement this Period 210.00		
City Bowmansville	State NY	Zip Code 14026	Transaction ID : <b>D530780</b>		
Purpose of Disbursement advertisement		Category/ Type 012			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1105.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Schaeffer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 7000.00 <b>Transaction ID : D530805</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement PAC fundraising consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Schaeffer Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 4150.00 <b>Transaction ID : D530806</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement PAC fundraising consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 2061 South Park Drive		Amount of Each Disbursement this Period 848.15 <b>Transaction ID : D530804</b>
City Buffalo State NY Zip Code 14220	Purpose of Disbursement postage for invites Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11998.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 66			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 2061 South Park Drive			Amount of Each Disbursement this Period 303.47 <b>Transaction ID : D530812</b>
City Buffalo	State NY	Zip Code 14220	
Purpose of Disbursement postage for invites		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Zenger Group</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address PO Box 647			Amount of Each Disbursement this Period 120.42 <b>Transaction ID : D530808</b>
City Buffalo	State NY	Zip Code 14207	
Purpose of Disbursement postage for tickets		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Zenger Group</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address PO Box 647			Amount of Each Disbursement this Period 183.00 <b>Transaction ID : D530809</b>
City Buffalo	State NY	Zip Code 14207	
Purpose of Disbursement postage for invites		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	606.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. M&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 1 Fountain Plz		Amount of Each Disbursement this Period 1301.32 <b>Transaction ID : D530850</b>
City Buffalo	State NY	
Zip Code 14203	Purpose of Disbursement credit card	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. M&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 1 Fountain Plz		Amount of Each Disbursement this Period 1462.38 <b>Transaction ID : D530851</b>
City Buffalo	State NY	
Zip Code 14203	Purpose of Disbursement credit card	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. M&amp;T Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 1 Fountain Plz		Amount of Each Disbursement this Period 2080.03 <b>Transaction ID : D530852</b>
City Buffalo	State NY	
Zip Code 14203	Purpose of Disbursement credit card	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4843.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 66			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. ADP, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 346.57
City Alpharetta	State GA	
Zip Code 30005		
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Lyndsey Barnes</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 104 Tuscarora Rd		Amount of Each Disbursement this Period 346.57
City Buffalo	State NY	
Zip Code 14220-2055		
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>c. ADP, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 5800 Windward Parkway		Amount of Each Disbursement this Period 346.57
City Alpharetta	State GA	
Zip Code 30005		
Purpose of Disbursement payroll		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	693.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 66			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Lyndsey Barnes</b>			Date of Disbursement MM / DD / YYYY 08 / 31 / 2015		
Mailing Address 104 Tuscarora Rd			Amount of Each Disbursement this Period 346.57		
City Buffalo	State NY	Zip Code 14220-2055	Transaction ID : D530864		
Purpose of Disbursement payroll		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2015		
Mailing Address 5800 Windward Parkway			Amount of Each Disbursement this Period 346.57		
City Alpharetta	State GA	Zip Code 30005	Transaction ID : D530855		
Purpose of Disbursement payroll		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Lyndsey Barnes</b>			Date of Disbursement MM / DD / YYYY 09 / 30 / 2015		
Mailing Address 104 Tuscarora Rd			Amount of Each Disbursement this Period 346.57		
City Buffalo	State NY	Zip Code 14220-2055	Transaction ID : D530865		
Purpose of Disbursement payroll		Category/ Type 001	[MEMO ITEM]		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	346.57
<b>TOTAL</b> This Period (last page this line number only).....	45052.52

**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 58 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. AFL-CIO Buffalo Central Labor Council</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 2495 Main Street, Suite 440		Amount of Each Disbursement this Period 215.00 <b>Transaction ID : D530773</b>
City Buffalo State NY Zip Code 14214	Purpose of Disbursement donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amherst Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 81 Rockdale Dr.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D530840</b>
City Amherst State NY Zip Code 14228	Purpose of Disbursement political contribution 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Black Achievers</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 395 East Ferry St.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D530794</b>
City Buffalo State NY Zip Code 14208	Purpose of Disbursement donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1215.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Erie County Democratic Committee-Housekeeping</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 671 Seneca St.		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D530828</b>
City Buffalo	State NY	
Zip Code 14210	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Erie County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 671 Seneca Street		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D530838</b>
City Buffalo	State NY	
Zip Code 14210	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Erie County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 671 Seneca Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D530827</b>
City Buffalo	State NY	
Zip Code 14210	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Friends of John Plumb</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address P.O. Box 2016		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D530811</b>
City Jamestown	State NY	
Zip Code 14702	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Kelly Brinkworth</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 50 Barnabas Dr.		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : D530821</b>
City Depew	State NY	
Zip Code 14043	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Friends of Marc Panepinto</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 47 Lovering Ave.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D530836</b>
City Buffalo	State NY	
Zip Code 14216	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 66			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Poloncarz</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address PO Box 87		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D530839</b>
City Buffalo	State NY	
Zip Code 14201-0087	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Mark Poloncarz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address PO Box 87		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D530829</b>
City Buffalo	State NY	
Zip Code 14201-0087	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Friends of Mark Poloncarz</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address PO Box 87		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D530834</b>
City Buffalo	State NY	
Zip Code 14201-0087	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 66	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mark Schroeder</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address PO Box 743		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D530818</b>
City Buffalo	State NY	
Zip Code 14220-0743	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Friends of Paul Dyster</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address P.O. Box 127		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D530835</b>
City Niagara Falls	State NY	
Zip Code 14305	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Friends of Peter Savage</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address P.O. Box 28		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D530824</b>
City Buffalo	State NY	
Zip Code 14201	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Liegl for Legislature</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address P.O. Box 215		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : D530831</b>
City Lancaster	State NY	
Zip Code 14086	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Louise Slaughter Re-Election Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address PO Box 730		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D530810</b>
City Honeyoye	State NY	
Zip Code 14471	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Niagara County Democratic Committee</b>		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address c/o Darryl DiNoto, Treasurer 353 Buffalo Ave.		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D530819</b>
City Niagara Falls	State NY	
Zip Code 14303	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Niagara County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address c/o Darryl DiNoto, Treasurer 353 Buffalo Ave.		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D530816</b>
City Niagara Falls	State NY	
Zip Code 14303	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NYS Democratic Assembly Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 107 Washington Ave Suite 1LL		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D530837</b>
City Albany	State NY	
Zip Code 12210	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Jewish Journal of WNY</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 1738 Elmwood Ave. Ste 103		Amount of Each Disbursement this Period 169.00 <b>Transaction ID : D530771</b>
City Buffalo	State NY	
Zip Code 14207	Purpose of Disbursement advertisement	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1669.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 66
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Town of Tonawanda Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 32 Fenwick Ave.		Amount of Each Disbursement this Period 75.00 <b>Transaction ID : D530817</b>
City Tonawanda	State NY	
Zip Code 14150	Purpose of Disbursement political contribution	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Women and Children's Hospital Of Buffalo Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 1260 Delaware Ave,		Amount of Each Disbursement this Period 700.00 <b>Transaction ID : D530779</b>
City Buffalo	State NY	
Zip Code 14209	Purpose of Disbursement donation	Category/ Type 012
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	9909.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Brian Higgins for Congress**

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

Nature of Debt (Purpose):

Mailing Address 5800 Windward Parkway

City State Zip Code  
Alpharetta GA 30005

Outstanding Balance Beginning This Period  
60.00

**Transaction ID : C7369**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 60.00

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

Nature of Debt (Purpose):

Mailing Address 5800 Windward Parkway

City State Zip Code  
Alpharetta GA 30005

Outstanding Balance Beginning This Period  
435.00

**Transaction ID : C7370**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 435.00

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

Nature of Debt (Purpose):

Mailing Address 5800 Windward Parkway

City State Zip Code  
Alpharetta GA 30005

Outstanding Balance Beginning This Period  
45.12

**Transaction ID : C5489763**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
0.00 0.00 45.12

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

540.12  
540.12  
0.00  
540.12