

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 86

(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Jim Cannavino		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 845 United Nations Plaza Suite 77B		Transaction ID: C733
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Direct Insita Corp.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Jim Cannavino		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 845 United Nations Plaza Suite 77B		Transaction ID: C732
City New York	State NY	Zip Code 10017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Direct Insita Corp.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Bob Carbery		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address Direct Insita Corp. 80 Orville Dr.		Transaction ID: C764
City Bohemia	State NY	Zip Code 11710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Direct Insita Co.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	