

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Samara for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	0	4

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	130843.30	627845.33
(b) Total Contribution Refunds (from Line 20(d)).....	600.00	950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	130243.30	626895.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	395637.57	560995.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	395637.57	560995.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	29090.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Samara for Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A) <input type="text" value="53837.50"/>	<input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2004"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2004"/> (date after general election)
(ii) Unitemized <input type="text" value="19105.80"/>		through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2004"/> (last day of reporting period)
(iii) Total of contributions from individuals <input type="text" value="72943.30"/>	<input type="text" value="450730.33"/>	<input type="text" value="0.00"/>
(b) Political Party Committees <input type="text" value="0.00"/>	<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees <input type="text" value="57900.00"/>	<input type="text" value="167115.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
130843.30	627845.33	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	50.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
12.03	58.17	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
130855.33	627953.50	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Samara for Congress

Report the covering period

From:

10

14

2004

To:

11

22

2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
395637.57	560995.19	35412.75
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	250.00	0.00
(b) Political Party Committees		
600.00	600.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	100.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

600.00	950.00	0.00
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21. OTHER DISBURSEMENTS

0.00	1587.80	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

396237.57	563532.99	35412.75
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

130243.30	626895.33	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

395637.57	560995.19	35412.75
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	294472.46
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	130855.33
25. SUBTOTAL(add Line 23 and Line 24)	425327.79
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	396237.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	29090.22

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Antonia Bellanca		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 7 Parker Road		Transaction ID: C3174	
City State Zip Code Osterville MA 02655		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Antonia's Flowers	Occupation President		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Mr. Fred Berger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 2300 N Street, NW		Transaction ID: C2900	
City State Zip Code Washington DC 20037		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Louis Berger Group	Occupation Senior Vice President		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Ms. Leonore Blitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 235 West 75th Street		Transaction ID: C2889	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Blitz Consultants	Occupation Consultant		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Sheree Bodary		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4	
Mailing Address 588 Eleanor Rd.		Transaction ID: C2595	
City State Zip Code Victor NY 14564		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation None None			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Sam Borek		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 6512 Hoffman Terrace		Transaction ID: C3073	
City State Zip Code Morton Grove IL 60053		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Attorney			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. David Bradlee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4	
Mailing Address 5063 Harold Place NE		Transaction ID: C3205	
City State Zip Code Seattle WA 98105		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Microsoft Software Developer			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Joanie Bronfman

Mailing Address 1731 Beacon Street
517

City State Zip Code
Brookline MA 02445

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

Name of Employer Self Occupation
Self Consultant

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3062

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Caryn Carter

Mailing Address 427 Upper Samsonville Road

City State Zip Code
New Paltz NY 12561

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

Name of Employer Self Occupation
Self PR

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

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

Transaction ID: C2905

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Bruce Charash

Mailing Address 205 East 63rd Street

City State Zip Code
New York NY 10021

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

Name of Employer Lenox Hill Hospital Occupation
Physician

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: C2697

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Sarah Charash		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 205 East 63rd Street		Transaction ID: C2618
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Ellen Chesler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 1 West 72nd St.		Transaction ID: C3177
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Soros Foundation Occupation Writer	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hon. Esther Coopersmith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 2230 S Street NW		Transaction ID: C2626
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Betty Cotton

Mailing Address 930 Fifth Avenue, 4E

City State Zip Code
New York NY 10021

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

Name of Employer Self Occupation Consultant

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: C2873

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Robert D. Croog

Mailing Address 343 State Street

City State Zip Code
Rochester NY 14650

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

Name of Employer Eastman Kodak Occupation Director, Advertising Legal

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 4

Transaction ID: C2579

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Mary Ann Crotty

Mailing Address 5 Penn Plaza
17th Floor

City State Zip Code
New York NY 10001

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

Name of Employer Parsons Occupation Infrastructure

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3179

Amount of Each Receipt this Period
200.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Leonard J. DePrima		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 40 Shire Drive		Transaction ID: C3047
City State Zip Code East Amherst NY 14051	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Liro Group	Occupation Vice President, Infrastructure Program	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Ms. Andrea Digiorgio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4
Mailing Address 54 Stoddard Dr.		Transaction ID: C2578
City State Zip Code Henrietta NY 14467	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SUNY Geneseo	Occupation Student Employment Coordinator	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.24	

Full Name (Last, First, Middle Initial) C. Ms. Andrea Digiorgio		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 54 Stoddard Dr.		Transaction ID: C2928
City State Zip Code Henrietta NY 14467	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SUNY Geneseo	Occupation Student Employment Coordinator	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.24	

SUBTOTAL of Receipts This Page (optional)	275.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Lloyd Eisenberg

Mailing Address 3015 Bellmore Avenue

City State Zip Code
Bellmore NY 11710

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

Name of Employer Self Occupation
Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

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

Transaction ID: C3052

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Peter Feld

Mailing Address 319 E. 9th St., #9

City State Zip Code
New York NY 10003

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

Name of Employer Conde Nast Occupation
Director of Custom Research

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

350.00

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

Transaction ID: C2728

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Karen Feldman

Mailing Address 38 Pleasant View Dr.

City State Zip Code
Hudson NY 12534

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

Name of Employer Self Occupation
Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2500.00

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

Transaction ID: C3200

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Georgia J. Fleming		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 347 East 104th Street, #1		Transaction ID: C3185
City State Zip Code New York NY 10029	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Veranda Magazine, Hearst Mag. Div.	Occupation Executive Director, Sales	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael J. Fox		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address c/o Loring Ward Inc., Business Man 16030 Ventura BLVD., Suite 380		Transaction ID: C2737
City State Zip Code Encino CA 91436	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Activist	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Emanuel Friedman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address 2330 California Street NW		Transaction ID: C3162
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Friedman, Billings, and Ramsey	Occupation Chairman	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Ross A. Frommer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 2500 Johnson Ave.		Transaction ID: C2330
City State Zip Code New York NY 10463	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Columbia University	Occupation Government Relations	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Mr. Arnold Gardner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 120 Delaware Ave.		Transaction ID: C3063
City State Zip Code Buffalo NY 14202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Business Attorney	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ms. Adelia C. Geiger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address PO Box 252		Transaction ID: C3049
City State Zip Code Germantown NY 12526	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Gari DiMaurò Real Estate	Occupation Broker	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

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

Mailing Address 75 Sycamore Street

City State Zip Code
Rochester NY 14620-1927

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: C2934

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Seth Ginns

Mailing Address 401 E. 34th St., Apt. N31D

City State Zip Code
New York NY 10016

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 4

Transaction ID: C3206

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Rosalie Goldberg

Mailing Address 110 East End Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 4

Transaction ID: C2657

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Mr. John R. Golden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4	
Mailing Address 37 Musket Lane		Transaction ID: C2373	
City State Zip Code Pittsford NY 14534		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Technologies Occupation Principal, CIO			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Evan Gotlib		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 237 West 19th Street		Transaction ID: C2698	
City State Zip Code New York NY 10011		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Conde Nast Occupation Publishing			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3050.00	

C. Full Name (Last, First, Middle Initial) Mr. Evan Gotlib		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 237 West 19th Street		Transaction ID: C3186	
City State Zip Code New York NY 10011		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Conde Nast Occupation Publishing			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3050.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Mr. Mark Green		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address		Transaction ID: C2739
City State Zip Code		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Ms. Judith B. Grunberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 83 Silvernail Road		Transaction ID: C3060
City State Zip Code Valatie NY 12184		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1400.00	

C. Full Name (Last, First, Middle Initial) Dr. David Halpert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4
Mailing Address 209 South Geneva Street		Transaction ID: C2674
City State Zip Code Ithaca NY 14850		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Physician/Neurologist	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Eliot D. Hawkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 334 West 86th Street		Transaction ID: C2615
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lawyer	Occupation Tehan and Constantino	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Ms. Paula Hawkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 334 West 86th Street		Transaction ID: C2402
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Auburn Theological Seminary	Occupation Fundraiser	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Mr. Jack Hidary		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 400 Madison Avenue, Suite 4D		Transaction ID: C2926
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Prism Fund	Occupation LP	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Mr. Robert Hill		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 47 East 87th Street		Transaction ID: C2725
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Trautman Wasserman Investor	Election Cycle-to-Date 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

B. Full Name (Last, First, Middle Initial) Stephanie L. Holmquist		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 94 Mercer Street		Transaction ID: C2702
City State Zip Code New York NY 10012	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Housewife	Election Cycle-to-Date 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

C. Full Name (Last, First, Middle Initial) Stephanie L. Holmquist		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 94 Mercer Street		Transaction ID: C3168
City State Zip Code New York NY 10012	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Housewife	Election Cycle-to-Date 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Judith Hope

Mailing Address 9 Two Holes of Water Road

City State Zip Code
East Hampton NY 11937

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

Name of Employer Occupation
Eleanor Roosevelt Legacy Chair
Foundatio

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: C2877

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Swanee Hunt

Mailing Address 168 Brattle St.

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
Harvard University Professor/Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1500.00

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

Transaction ID: C3064

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Judith A. Hunter

Mailing Address 39 South Street

City State Zip Code
Geneseo NY 14454

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 4

Transaction ID: C2596

Amount of Each Receipt this Period
100.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Ms. Judith A. Hunter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 39 South Street		Transaction ID: C3164	
City State Zip Code Geneseo NY 14454		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. John R. Hunting		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 60 Monroe Center NW, 6A		Transaction ID: C3066	
City State Zip Code Grand Rapids MI 49503		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Retired Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Nick Ivanoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 3 Dexter Drive North		Transaction ID: C3065	
City State Zip Code Basking Ridge NJ 07920		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Ammann Whitney Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation President Election Cycle-to-Date ▼ 1500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Maral Jebejian		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 29 Lynn Drive		Transaction ID: C2741	
City State Zip Code Englewood Cliffs NJ 07632		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Reynolds Jones		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4	
Mailing Address 938 Norwood Ave.		Transaction ID: C2878	
City State Zip Code Schenectady NY 12303		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 770.21	

Full Name (Last, First, Middle Initial) C. Mr. Thomas A. Kleewein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 6118 Churchwood Lane		Transaction ID: C2733	
City State Zip Code Greendale WI 53129		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Peter Kovler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 1250 24th Street NW Suite 300		Transaction ID: C3153
City Washington State DC Zip Code 20037	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Hon. Elizabeth Krueger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 350 East 78th Street		Transaction ID: C3176
City New York State NY Zip Code 10021	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer NYS Senate Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation State Senator Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Eric Laufer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 184 Thompson Street		Transaction ID: C2869
City New York State NY Zip Code 10012	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Not Employed Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Not Employed Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Henry Laufer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 178 Old Field Road		Transaction ID: C2865
City State Zip Code Setauket NY 11733	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Renaissance Technology VP	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Ms. Marsha Z. Laufer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 178 Old Field Road		Transaction ID: C2866
City State Zip Code Setauket NY 11733-0561	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Speech Pathologist	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mrs. Jeanne Lavine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 11 Brent Rd.		Transaction ID: C2723
City State Zip Code Lexington MA 02420	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Homemaker Homemaker	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Mr. Jonathan Lavine		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 11 Brent Road		Transaction ID: C2722
City State Zip Code Lexington MA 02420	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bain Capital Principal	Election Cycle-to-Date 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1000.00	

B. Full Name (Last, First, Middle Initial) Mr. George Leventis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 21 Penn Plaza 360 West 31st Street, Suite 900		Transaction ID: C2890
City State Zip Code New York NY 10001-2727	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Information Requested Information Requested	Election Cycle-to-Date 700.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	700.00	

C. Full Name (Last, First, Middle Initial) Priscilla Little		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4
Mailing Address 36 Sparks St.		Transaction ID: C2630
City State Zip Code Cambridge MA 02138	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Best Effort Best Effort	Election Cycle-to-Date 350.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	350.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Susan Lustik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 245 E. 87th St.		Transaction ID: C3038	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Susan Lustik, Inc.	Occupation Interior Design & Decoration		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Wendy Mackenzie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 829 Park Ave.		Transaction ID: C2862	
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer CHOICE PAC	Occupation Political Director		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mr. James Z Margolis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 405 14th Street #1010		Transaction ID: C2689	
City State Zip Code Oakland CA 94612	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. James Z Margolis

Mailing Address 405 14th Street #1010

City State Zip Code
Oakland CA 94612

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

Name of Employer Self Occupation
Attorney

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3048

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Howard S Marks

Mailing Address 21 Oakmont Drive

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Oaktree Capital Management, LLC Occupation
Chairman

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: C2867

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Bonnie Maslin

Mailing Address 903 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Self Occupation
Psychologist

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 4

Transaction ID: C2743

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Karen Meheil

Mailing Address 373 Park Avenue South

City State Zip Code
New York NY 10016

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: C2937

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Friedrike Merck

Mailing Address 1 West 64th Street

City State Zip Code
New York NY 10023

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

Name of Employer Self Occupation Artist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: C2622

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Dr. Richard Millard

Mailing Address 20 Hillock Road

City State Zip Code
Rush NY 14543

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

Name of Employer Harris Occupation Psychologist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: C3043

Amount of Each Receipt this Period
750.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Leigh Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 1170 Fifth Avenue		Transaction ID: C3053
City State Zip Code New York NY 10021	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Mr. Joel Monschke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 4
Mailing Address PO Box 500		Transaction ID: C3193
City State Zip Code Miranda CA 95553	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Moses		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 4
Mailing Address 161 Fort Washington Avenue		Transaction ID: C3067
City State Zip Code New York NY 10032	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Kathryn Nixon

Mailing Address 45 Sunset Boulevard

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
Rundel Library Foundation Development Officer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 4

Transaction ID: C2581

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Theodore Nixon

Mailing Address 45 Sunset Blvd.

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
Churchville/Chili Jr High School Teacher

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 4

Transaction ID: C2580

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Patricia O'Dwyer

Mailing Address P.O. Box 838
29A Grey Court Avenue

City State Zip Code
Goshen NY 10924

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

Name of Employer Occupation
Self Independent Consultant

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

700.00

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

Transaction ID: C3059

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Mr. Andre T. Parrish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 155 14th St.		Transaction ID: C3183
City Hoboken	State NJ	Zip Code 07030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Elsevier Engineering Information Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation System and Network Administrator Election Cycle-to-Date ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Mr. Morris Pearl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 1020 Park Avenue		Transaction ID: C3035
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Student Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Columbia University Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Ms. Alison H. Pratt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 540 Park Avenue		Transaction ID: C3061
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Kerry/Edwards Victory 2004 Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Fundraiser Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. William T. Pryor

Mailing Address 100 Kings Highway South, Suite 120

City State Zip Code
Rochester NY 14617-5598

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

Name of Employer Occupation
ESL Feder Senior VP

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: C2938

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Michael J. Radigan

Mailing Address 14 Concord Drive

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
Xerox IT Manager

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 4

Transaction ID: C2586

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Julie Ratner

Mailing Address 95 Ely Brook to Hands Creek Road

City State Zip Code
East Hampton NY 11927

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

Name of Employer Occupation
Self Executive Director

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: C2621

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Edward Rice

Mailing Address 2217 Halcyon Lane

City Vienna State VA Zip Code 22181

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

Name of Employer Self Occupation Consultant

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3054

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Dana Richens

Mailing Address 472 Hardendorf Ave

City Atlanta State GA Zip Code 30307

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

Name of Employer Atlanta Law Firm Occupation Partner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3189

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Marsha Rothenberg

Mailing Address 7197 Highbridge Road

City Fayetteville State NY Zip Code 13066

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

Name of Employer Self Occupation Event Planner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3069

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Rosina Rubin Mailing Address 10 Tor Terrace City State Zip Code New City NY 10956 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 Transaction ID: C2918 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Attitude New York Inc. CFO Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Anjali Saigal Mailing Address 21 Southend Avenue Apt. 540 City State Zip Code Nyc NY 10280 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: C2699 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Information Requested Information Requested Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Mr. Joseph N. Sanberg Mailing Address 40 Park Avenue, Apt. 9G City State Zip Code New York NY 10016 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: C2724 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Tiger Technology Managem- Investments ent Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2975.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Susan Sarandon		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address c/o Francis and Associates 501 South Beverly Drive, 3rd Floor		Transaction ID: C3156
City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Iris Shokoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 330 West 58th Street		Transaction ID: C2892
City State Zip Code New York NY 10019	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Advertising Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Mr. Stuart Shorenstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address 101 Central Park West, 4D		Transaction ID: C3089
City State Zip Code New York NY 10023-4204	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wolf Block Shorr and Solis Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Naveed A. Siddiqi

Mailing Address 29 Far Rockway Rd.

City State Zip Code
Pine City NY 14871

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

Name of Employer Self Occupation Physician

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 4

Transaction ID: C2678

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jonathan G. Silvan

Mailing Address 53 Moore Street

City State Zip Code
New York NY 10013

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

Name of Employer Global Strategy Group Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3034

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Carla Singer

Mailing Address 8899 Beverly Blvd.

City State Zip Code
Los Angeles CA 90048

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

Name of Employer Self Occupation Producer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C2717

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Susan C. Small		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 7628 Wheatcroft		Transaction ID: C3039	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ms. Joanne Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 17 Elk Street		Transaction ID: C3083	
City Albany	State NY	Zip Code 12207	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Hon. Eliot Spitzer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4	
Mailing Address 985 Fifth Avenue		Transaction ID: C2589	
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer State of New York Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Attorney General Election Cycle-to-Date ▼ 1000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Gil Sweet

Mailing Address 2733 Davis Road

City State Zip Code
Corning NY 14830

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C3157

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 929 Park Avenue

City State Zip Code
New York NY 10028

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: C2620

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Dennis W. Thorne

Mailing Address 1893 Meadow Ridge Drive

City State Zip Code
Hummelstown PA 17036

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

Name of Employer Self Occupation Financial Planner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C3037

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Jay Tostanoski		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address 375 Commerce St.		Transaction ID: C2880
City State Zip Code Corning NY 14830	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Prattsburgh Central School	Occupation Teacher	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1525.00	

Full Name (Last, First, Middle Initial) B. Mr. Jeff Wald		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address Towers 56 126 East 56th St.		Transaction ID: C2727
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Glenrock Group	Occupation Senior Associate	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Steven A. Walker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 2590 Tileyard Road		Transaction ID: C2881
City State Zip Code Clifton Springs NY 14432	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation Agriculture	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1325.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Bruce Wasserstein

Mailing Address 30 Rockefeller Place

City State Zip Code
New York NY 10112

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	4

Transaction ID: C3165

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Claude B. Wasserstein

Mailing Address 30 Rockefeller Place

City State Zip Code
New York NY 10112

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

Name of Employer Cresta Point Films Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	4

Transaction ID: C2868

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Chris Wilmot

Mailing Address 1600 East Avenue, 402

City State Zip Code
Rochester NY 14610

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	4

Transaction ID: C3195

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **3750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Ms. Amy Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 407 Laurentian Place, Apt 1		Transaction ID: C2609
City Elmira State NY Zip Code 14904	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Chemung County Historical Society Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Museum Administrator Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. James Wolcott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 4
Mailing Address 300 West 108th Street		Transaction ID: C2669
City New York State NY Zip Code 10025	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation writer Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Mr. David Bradlee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 4
Mailing Address 5063 Harold Place NE		Transaction ID: C2855A
City Seattle State WA Zip Code 98105	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Microsoft Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Software Developer Election Cycle-to-Date ▼ 900.00	* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: \$7,985.29

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

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

Transaction ID: C2855AB

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Amy Cahn

Mailing Address 312 Greenwich Street

City State Zip Code
Philadelphia PA 19147

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

Name of Employer Occupation
None Student

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3140A

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: \$7,985.29

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3140AB

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional) ► 250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Gery Chico

Mailing Address 651 W. Washington Suite 201

City Chicago State IL Zip Code 60661

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

Name of Employer Chico and Nunes, LLP Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3075

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Marcus J. Nunes

Mailing Address 651 West Washington Street, Suite

City Chicago State IL Zip Code 60661

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

Name of Employer Chico and Nunes Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3076

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Chico and Nunes

Mailing Address 651 West Washington Street, Suite

City Chicago State IL Zip Code 60661

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3074

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Burdo

Mailing Address EAB Plaza

City Uniondale State NY Zip Code 11556-0188

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

Name of Employer Duffy, Duffy, and Burdo Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2004

Transaction ID: C2655

Amount of Each Receipt this Period
225.00

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

B. Full Name (Last, First, Middle Initial)
Mr. James R. Duffy

Mailing Address EAB Plaza

City Uniondale State NY Zip Code 11556-0188

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

Name of Employer Duffy, Duffy & Burdo Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2004

Transaction ID: C2654

Amount of Each Receipt this Period
550.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Michael Duffy

Mailing Address EAB Plaza

City Uniondale State NY Zip Code 11556-0188

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

Name of Employer Duffy, Duffy, and Burdo Occupation Attorney

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2004

Transaction ID: C2653

Amount of Each Receipt this Period
225.00

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

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Duffy, Duffy, and Burdo

Mailing Address EAB Plaza

City State Zip Code
Uniondale NY 11556-0188

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2004

Transaction ID: C2652

Amount of Each Receipt this Period
1000.00

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

PARTNERSHIP--partners below if itemized

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

Mailing Address 69 Naples Rd.

City State Zip Code
Brookline MA 02446

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

Name of Employer Occupation
Cytosome CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.01

Date of Receipt
MM / DD / YYYY
10 / 29 / 2004

Transaction ID: C3137A

Amount of Each Receipt this Period
500.00

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

* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: \$7,985.29

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2004

Transaction ID: C3137AB

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Christopher Lang

Mailing Address 1942 Westlake Ave.
#1604

City State Zip Code
Seattle WA 98101

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

Name of Employer Occupation
Microsoft Corp. Software Engineer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.01

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: C2801A

Amount of Each Receipt this Period
500.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: \$7,985.29

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

0.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: C2801AB

Amount of Each Receipt this Period
500.00

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

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

C. Full Name (Last, First, Middle Initial)
Valerie Leiter

Mailing Address 69 Naples Road

City State Zip Code
Brookline MA 02446

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

Name of Employer Occupation
Simmons College Professor

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

937.50

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3022A

Amount of Each Receipt this Period
937.50

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

* Earmarked Contribution:
See Below

SUBTOTAL of Receipts This Page (optional)	▶	1437.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: \$7,985.29

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3022AB

Amount of Each Receipt this Period
937.50

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mr. Andre T. Parrish

Mailing Address 155 14th St.

City State Zip Code
Hoboken NJ 07030

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

Name of Employer Occupation
Elsevier Engineering Information System and Network Administrator

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3001A

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Earmarked Contribution:
See Below

C. Full Name (Last, First, Middle Initial)
ACT Blue

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

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

Name of Employer Occupation
Conduit total: \$7,985.29

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: C3001AB

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	53837.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 86
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN ROAD AND TRANSPORTATION BUILDERS ASSOCIAT		Date of Receipt																				
Mailing Address 1010 Massachusetts Avenue NW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	2		2	0	0	4													
City State Zip Code Washington DC 20001		Transaction ID: C2884																				
FEC ID number of contributing federal political committee. C C00118208		Amount of Each Receipt this Period 500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00																					

Full Name (Last, First, Middle Initial) B. BUSPAC-POLITICAL ACTION COMMITTEE OF THE AMERICAN		Date of Receipt																				
Mailing Address 1100 New York Avenue NW NO 1050		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		1	5		2	0	0	4													
City State Zip Code Washington DC 20005		Transaction ID: C2794																				
FEC ID number of contributing federal political committee. C C00004879		Amount of Each Receipt this Period 500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00																					

Full Name (Last, First, Middle Initial) C. Committee to Elect Larry Bulman		Date of Receipt																				
Mailing Address 13 Moreau Drive		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	4
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	8		2	0	0	4													
City State Zip Code South Glens Falls NY 12803		Transaction ID: C3158																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00																					

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

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

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

FOR LINE NUMBER: PAGE 50 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 3rd Street, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3087

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
DEMOCRACY FOR AMERICA

Mailing Address PO Box 8313 Suite 300

City State Zip Code
Burlington VT 05401

FEC ID number of contributing federal political committee. **C** C00370007

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: C2795

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUC

Mailing Address 25 Louisiana Ave. NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: C3166

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 86
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM OBERSTAR

Mailing Address 424 WARNER STREET NW

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00187419

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2004

Transaction ID: C3086

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Mayor Jennings

Mailing Address Room 102 - City Hall

City State Zip Code
Albany NY 12201

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2004

Transaction ID: C2941

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
GLASS, MOLDERS, POTTERY, PLASTICS & ALLIED WORKERS

Mailing Address 608 E BALTIMORE PIKE PO BOX 607

City State Zip Code
MEDIA PA 19063

FEC ID number of contributing federal political committee. **C** C00011189

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 25 / 2004

Transaction ID: C2864

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT GARY ACKERMAN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 3000 Marcus Ave. Suite 1E9		Transaction ID: C2704
City State Zip Code Lake Success NY 11042	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00165241		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. IMPACT		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 60 Madison Ave. Suite 1026		Transaction ID: C3084
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00348607		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 1750 NEW YORK NW		Transaction ID: C2644
City State Zip Code WASHINGTON DC 20006	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C70003108		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 86
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. McNulty for Congress		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address P.O. Box 1560		Transaction ID: C2885	
City State Zip Code Green Island NY 12183		Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. C C00230417		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. MOVEON PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4	
Mailing Address PO BOX 9218		Transaction ID: C2645	
City State Zip Code BERKELEY CA 94709		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00341396		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL LEADERSHIP PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4	
Mailing Address PO box 5577		Transaction ID: C2943	
City State Zip Code New York NY 10027		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00302588		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. NEW YORK CHOICE PAC II FKA CITIZENS FOR FAMILY PLA		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 1202 LEXINGTON AVENUE BOX #246		Transaction ID: C2863	
City State Zip Code NEW YORK NY 10028		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00146472		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. PAC TO THE FUTURE		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4	
Mailing Address PMB 3230 268 Bush Street		Transaction ID: C3209	
City State Zip Code San Francisco CA 94104		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00344234		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. PLANNED PARENTHOOD ACTION FUND INC. PAC (PLANNED P		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 1780 Massachusetts Avenue NW		Transaction ID: C2720	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00314617		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 86
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. PLANNED PARENTHOOD ACTION FUND INC. PAC (PLANNED P		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 1780 Massachusetts Avenue NW		Transaction ID: C2886	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 4000.00		
FEC ID number of contributing federal political committee. C C00314617		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. RANGEL FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4	
Mailing Address PO Box 5577 MANHATTANVILLE STA		Transaction ID: C2942	
City State Zip Code New York NY 10027	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00302422		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. RHODE ISLAND POLITICAL ACTION COMMITTEE (RIPAC) IN		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4	
Mailing Address 400 C Street NE, Suite 201		Transaction ID: C3088	
City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00307991		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 86
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. TAKING BACK THE HOUSE '04		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 24 East 93rd Street Suite 1B		Transaction ID: C2721	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00402933		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Hon. Sandy Frankel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 134 Monteroy Road		Transaction ID: C3159	
City State Zip Code Rochester NY 14618		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. United Steelworkers of America PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4	
Mailing Address 5 Gateway Center		Transaction ID: C2643	
City State Zip Code Pittsburgh PA 15222		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00003590		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional) ▶	6250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 86
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
PRAIRIE POLITICAL ACTION COMMITTEE

Mailing Address POST OFFICE BOX 2002

City State Zip Code
SPRINGFIELD IL 62705

FEC ID number of contributing federal political committee. **C** C00347195

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3071A

Amount of Each Receipt this Period
2500.00

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

* Earmarked Contribution:
See Below

B. Full Name (Last, First, Middle Initial)
Hon. Robert Matsui

Mailing Address 430 South Capitol Street SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Conduit total: \$5,000.00

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 4

Transaction ID: C3071AB

Amount of Each Receipt this Period
2500.00

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

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

C. Full Name (Last, First, Middle Initial)
SHEET METAL WORKERS'

Mailing Address 1750 New York Avenue NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

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

Transaction ID: C3092A

Amount of Each Receipt this Period
2500.00

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

* Earmarked Contribution:
See Below

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 86
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Hon. Robert Matsui

Mailing Address 430 South Capitol Street SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Conduit total: \$5,000.00

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

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

Transaction ID: C3092AB

Amount of Each Receipt this Period
2500.00

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

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

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	57800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Anne Hersh Architect		Transaction ID: D422 Date of Disbursement 11 / 09 / 2004
Mailing Address		Amount of Each Disbursement this Period 1783.00
City	State Zip Code	
Purpose of Disbursement Photocopy Expense		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) B. Atlas		Transaction ID: D387 Date of Disbursement 11 / 03 / 2004
Mailing Address 56 West Market Street		Amount of Each Disbursement this Period 118.62
City	State Zip Code	
Purpose of Disbursement Food for Meeting		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

Full Name (Last, First, Middle Initial) C. Samara Barend		Transaction ID: D361 Date of Disbursement 10 / 16 / 2004
Mailing Address 142 Washington Street		Amount of Each Disbursement this Period 110.00
City	State Zip Code	
Purpose of Disbursement Reimbursement - Travel Expenses		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2011.62
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 86

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Samara Barend Full Name (Last, First, Middle Initial) Mailing Address 142 Washington Street City Corning State NY Zip Code 14830 Purpose of Disbursement Reimbursements - Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D406 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 Amount of Each Disbursement this Period 2184.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Samara Barend Full Name (Last, First, Middle Initial) Mailing Address 142 Washington Street City Corning State NY Zip Code 14830 Purpose of Disbursement Reimbursements - Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D407 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 Amount of Each Disbursement this Period 2175.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	--

C. Samara Barend Full Name (Last, First, Middle Initial) Mailing Address 142 Washington Street City Corning State NY Zip Code 14830 Purpose of Disbursement Reimbursements - Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D405 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4 Amount of Each Disbursement this Period 1070.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	5430.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Samara Barend		Transaction ID: D408 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address 142 Washington Street		Amount of Each Disbursement this Period 499.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830		
Purpose of Disbursement Reimbursements - Office Supplies Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Samara Barend		Transaction ID: D441 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4
Mailing Address 142 Washington Street		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830		
Purpose of Disbursement Reimbursements - Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Samara Barend		Transaction ID: D444 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 4
Mailing Address 142 Washington Street		Amount of Each Disbursement this Period 4986.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830		
Purpose of Disbursement Reimbursements - Travel Candidate Name	002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7486.28
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Caya's Canopies Full Name (Last, First, Middle Initial) Mailing Address 101 E. State St City Olean State NY Zip Code 14760 Purpose of Disbursement Tent Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D442 Date of Disbursement 11 / 09 / 2004 Amount of Each Disbursement this Period 799.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Natalie M Commons Full Name (Last, First, Middle Initial) Mailing Address 87 W Third St City Corning State NY Zip Code 14830 Purpose of Disbursement Reimbursement - Travel Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D362 Date of Disbursement 10 / 16 / 2004 Amount of Each Disbursement this Period 107.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Natalie M Commons Full Name (Last, First, Middle Initial) Mailing Address 87 W Third St City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D429 Date of Disbursement 11 / 03 / 2004 Amount of Each Disbursement this Period 542.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	1448.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Crystal Lanes Full Name (Last, First, Middle Initial) Mailing Address City Corning State NY Zip Code 14830 Purpose of Disbursement Food Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D420 Date of Disbursement 11 / 02 / 2004 Amount of Each Disbursement this Period 420.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. David Brown and Associates Full Name (Last, First, Middle Initial) Mailing Address 2507 North Vernon Street City Arlington State VA Zip Code 22207 Purpose of Disbursement TV Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D451 Date of Disbursement 10 / 18 / 2004 Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. David Brown and Associates Full Name (Last, First, Middle Initial) Mailing Address 2507 North Vernon Street City Arlington State VA Zip Code 22207 Purpose of Disbursement TV Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D370 Date of Disbursement 10 / 19 / 2004 Amount of Each Disbursement this Period 165000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	190420.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. David Brown and Associates Full Name (Last, First, Middle Initial) Mailing Address 2507 North Vernon Street City Arlington State VA Zip Code 22207 Purpose of Disbursement TV Advertising Candidate Name		Transaction ID: D452 Date of Disbursement 10 / 25 / 2004 Amount of Each Disbursement this Period 40000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004

B. David Brown and Associates Full Name (Last, First, Middle Initial) Mailing Address 2507 North Vernon Street City Arlington State VA Zip Code 22207 Purpose of Disbursement TV Advertising Candidate Name		Transaction ID: D453 Date of Disbursement 10 / 28 / 2004 Amount of Each Disbursement this Period 20000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004

C. David Brown and Associates Full Name (Last, First, Middle Initial) Mailing Address 2507 North Vernon Street City Arlington State VA Zip Code 22207 Purpose of Disbursement TV Advertising Candidate Name		Transaction ID: D454 Date of Disbursement 11 / 02 / 2004 Amount of Each Disbursement this Period 16000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶	76000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial) Dulac, LCC		Transaction ID: D413 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4
Mailing Address 62 Overbrook Rd.		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Painted Post State NY Zip Code 14870		
Purpose of Disbursement Rent Second St Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Frontier Telephone Of Rochester		Transaction ID: D440 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4
Mailing Address		Amount of Each Disbursement this Period 1433.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code		
Purpose of Disbursement Phone Service Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Allyson Giard		Transaction ID: D360 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 4
Mailing Address 59 East Second St.		Amount of Each Disbursement this Period 330.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830		
Purpose of Disbursement Reimbursement - Travel Expenses Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2363.51
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Allyson Giard		Transaction ID: D432 Date of Disbursement 11 / 03 / 2004
Mailing Address 59 East Second St.		Amount of Each Disbursement this Period 1226.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830	001 Category/ Type	
Purpose of Disbursement Wages Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Allyson Giard		Transaction ID: D425 Date of Disbursement 11 / 09 / 2004
Mailing Address 59 East Second St.		Amount of Each Disbursement this Period 316.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830	002 Category/ Type	
Purpose of Disbursement Reimbursement travel expenses Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Allyson Giard		Transaction ID: D433 Date of Disbursement 11 / 16 / 2004
Mailing Address 59 East Second St.		Amount of Each Disbursement this Period 2277.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830	001 Category/ Type	
Purpose of Disbursement Wages (bonus) Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3821.20
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. GMT Strategies Full Name (Last, First, Middle Initial) Mailing Address 1715 East Michigan Avenue City Lansing State MI Zip Code 48912 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D320 Date of Disbursement 10 / 14 / 2004 Amount of Each Disbursement this Period 13974.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. GMT Strategies Full Name (Last, First, Middle Initial) Mailing Address 1715 East Michigan Avenue City Lansing State MI Zip Code 48912 Purpose of Disbursement Direct Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D455 Date of Disbursement 10 / 26 / 2004 Amount of Each Disbursement this Period 21229.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Golden Times Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Newspaper Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D325 Date of Disbursement 10 / 15 / 2004 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	35454.83
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Grand Tours Full Name (Last, First, Middle Initial) Mailing Address 5355 Junction Road City Lockport State NY Zip Code 14094 Purpose of Disbursement Bus Rental for Campaign Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D383 Date of Disbursement 10 / 23 / 2004 Amount of Each Disbursement this Period 1675.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Peter J Hackeman Full Name (Last, First, Middle Initial) Mailing Address 5 East Market Street City Corning State NY Zip Code 14830 Purpose of Disbursement Reimbursement - Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D335 Date of Disbursement 10 / 16 / 2004 Amount of Each Disbursement this Period 94.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Peter J Hackeman Full Name (Last, First, Middle Initial) Mailing Address 5 East Market Street City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		Transaction ID: D434 Date of Disbursement 11 / 03 / 2004 Amount of Each Disbursement this Period 1942.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	3711.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Ms. Julie Hudman		Transaction ID: D437 Date of Disbursement 11 / 03 / 2004
Mailing Address 204 Sunrise Road		Amount of Each Disbursement this Period 3000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ithaca State NY Zip Code 14850	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Chris M. Jaun		Transaction ID: D427 Date of Disbursement 11 / 03 / 2004
Mailing Address 187 Tumbleweed Drive		Amount of Each Disbursement this Period 459.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsford State NY Zip Code 14534	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Anil Kakani		Transaction ID: D419 Date of Disbursement 11 / 01 / 2004
Mailing Address 204 Sunrise Road		Amount of Each Disbursement this Period 114.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ithaca State NY Zip Code 14850	Purpose of Disbursement Food Riembursement Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3573.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Lisa La Trovato Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Transaction ID: D436 Date of Disbursement 11 / 03 / 2004
Purpose of Disbursement Consultant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Michael Lein Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Transaction ID: D428 Date of Disbursement 11 / 03 / 2004
Purpose of Disbursement Consultant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Message Broadcasting.com LLC Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code		Transaction ID: D418 Date of Disbursement 10 / 31 / 2004
Purpose of Disbursement Robo Calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 6200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	9200.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Nextel Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4192 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Phone bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D439 Date of Disbursement 11 / 04 / 2004 Amount of Each Disbursement this Period 191.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. NY State Employment Taxes Full Name (Last, First, Middle Initial) Mailing Address PO Box 4119 City Binghamton State NY Zip Code 13902-4119 Purpose of Disbursement State Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D411 Date of Disbursement 10 / 17 / 2004 Amount of Each Disbursement this Period 2467.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. NYSEG Full Name (Last, First, Middle Initial) Mailing Address PO Box 5240 City Binghamton State NY Zip Code 13902-5240 Purpose of Disbursement utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D368 Date of Disbursement 10 / 16 / 2004 Amount of Each Disbursement this Period 83.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶

2742.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Radisson Full Name (Last, First, Middle Initial) Mailing Address 125 Denison Parkway East City Corning State NY Zip Code 14830 Purpose of Disbursement Election Night Party Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D381 Date of Disbursement 11 / 02 / 2004 Amount of Each Disbursement this Period 884.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Ray Anthony Printing Full Name (Last, First, Middle Initial) Mailing Address 413 W. Waters Ave. City Tampa State FL Zip Code 33604 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D367 Date of Disbursement 10 / 16 / 2004 Amount of Each Disbursement this Period 292.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Victoria Reing Full Name (Last, First, Middle Initial) Mailing Address 404 Riverside Drive (#12E) City New York State NY Zip Code 10025 Purpose of Disbursement Reimbursements - Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D359 Date of Disbursement 10 / 16 / 2004 Amount of Each Disbursement this Period 80.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶

1257.09

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Victoria Reing		Transaction ID: D426 Date of Disbursement 11 / 03 / 2004
Mailing Address 404 Riverside Drive (#12E)		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10025		
Purpose of Disbursement Consultant fee Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. REM Printing		Transaction ID: D364 Date of Disbursement 10 / 16 / 2004
Mailing Address 55 Railroad Ave.		Amount of Each Disbursement this Period 999.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12205		
Purpose of Disbursement Printing Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. REM Printing		Transaction ID: D416 Date of Disbursement 10 / 28 / 2004
Mailing Address 55 Railroad Ave.		Amount of Each Disbursement this Period 3942.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12205		
Purpose of Disbursement Printing Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5442.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Sage American Catering		Transaction ID: D365 Date of Disbursement 10 / 16 / 2004
Mailing Address 26-21 Jackson Ave		Amount of Each Disbursement this Period 1030.00
City Long Island City State NY Zip Code 11101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food Expense		Category/ Type 003
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Alejandro Savransky		Transaction ID: D363 Date of Disbursement 10 / 16 / 2004
Mailing Address 2810 N 46th Ave Apt F456		Amount of Each Disbursement this Period 77.89
City Hollywood State FL Zip Code 33021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reimbursement - Travel Expense		Category/ Type 002
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alejandro Savransky		Transaction ID: D430 Date of Disbursement 11 / 03 / 2004
Mailing Address 2810 N 46th Ave Apt F456		Amount of Each Disbursement this Period 623.03
City Hollywood State FL Zip Code 33021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages		Category/ Type 001
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1730.92
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Mr. Jason Shelly		Transaction ID: D337 Date of Disbursement 10 / 16 / 2004
Mailing Address 6 Watchman Ct.		Amount of Each Disbursement this Period 293.29
City Rochester State NY Zip Code 14624	Purpose of Disbursement Reimbursement - Travel Expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mr. Jason Shelly		Transaction ID: D435 Date of Disbursement 11 / 03 / 2004
Mailing Address 6 Watchman Ct.		Amount of Each Disbursement this Period 1226.99
City Rochester State NY Zip Code 14624	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mr. Jonah M. Siegellak		Transaction ID: D438 Date of Disbursement 11 / 03 / 2004
Mailing Address 59 Second St.		Amount of Each Disbursement this Period 4091.61
City Corning State NY Zip Code 14830	Purpose of Disbursement Salary Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5611.89
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 821 Country Route 64</p> <p>City Big Flats State NY Zip Code 14814</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D384</p> <p>Date of Disbursement</p> <p>10 / 15 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>523.71</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>B. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 821 Country Route 64</p> <p>City Big Flats State NY Zip Code 14814</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D314</p> <p>Date of Disbursement</p> <p>10 / 18 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>22.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 821 Country Route 64</p> <p>City Big Flats State NY Zip Code 14814</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D385</p> <p>Date of Disbursement</p> <p>10 / 23 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>190.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>736.35</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D393 Date of Disbursement 10 / 29 / 2004
Mailing Address 821 Country Route 64		Amount of Each Disbursement this Period 34.12
City Big Flats State NY Zip Code 14814	Purpose of Disbursement Office Supplies Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D388 Date of Disbursement 10 / 31 / 2004
Mailing Address 821 Country Route 64		Amount of Each Disbursement this Period 16.59
City Big Flats State NY Zip Code 14814	Purpose of Disbursement Office Supplies Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D403 Date of Disbursement 11 / 09 / 2004
Mailing Address 821 Country Route 64		Amount of Each Disbursement this Period 25.97
City Big Flats State NY Zip Code 14814	Purpose of Disbursement Office Supplies Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	76.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: D443 Date of Disbursement 11 / 09 / 2004
Mailing Address PO Box 1293		Amount of Each Disbursement this Period 279.85
City Binghamton State NY Zip Code 13902	Purpose of Disbursement Internet Access Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Tranvania		Transaction ID: D374 Date of Disbursement 10 / 19 / 2004
Mailing Address 16-20 West 19th Street, 10th floor		Amount of Each Disbursement this Period 20.60
City New York State NY Zip Code 10011	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Tranvania		Transaction ID: D375 Date of Disbursement 10 / 25 / 2004
Mailing Address 16-20 West 19th Street, 10th floor		Amount of Each Disbursement this Period 54.04
City New York State NY Zip Code 10011	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	354.49
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Tranvania		Transaction ID: D376 Date of Disbursement 10 / 27 / 2004
Mailing Address 16-20 West 19th Street, 10th floor		Amount of Each Disbursement this Period 76.41
City New York State NY Zip Code 10011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card Processing Fees	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Karl Turner		Transaction ID: D319 Date of Disbursement 10 / 15 / 2004
Mailing Address 3672 Lee Road		Amount of Each Disbursement this Period 625.00
City Corning State NY Zip Code 14830	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Rent	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mr. Karl Turner		Transaction ID: D318 Date of Disbursement 10 / 15 / 2004
Mailing Address 3672 Lee Road		Amount of Each Disbursement this Period 93.09
City Corning State NY Zip Code 14830	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Utilities	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	794.50
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Unimail Full Name (Last, First, Middle Initial) Mailing Address 655 Pullman Avenue City Rochester State NY Zip Code 14615 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D322 Date of Disbursement 10 / 19 / 2004 Amount of Each Disbursement this Period 9263.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Unimail Full Name (Last, First, Middle Initial) Mailing Address 655 Pullman Avenue City Rochester State NY Zip Code 14615 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D414 Date of Disbursement 10 / 26 / 2004 Amount of Each Disbursement this Period 7616.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. United States Treasury Full Name (Last, First, Middle Initial) Mailing Address City Cincinnati State OH Zip Code 45999-0005 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D410 Date of Disbursement 10 / 17 / 2004 Amount of Each Disbursement this Period 13700.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	30580.77
TOTAL This Period (last page this line number only) ▶	

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: D316 Date of Disbursement 10 / 14 / 2004
Mailing Address Corning Post Office 48 Denison Parkway		Amount of Each Disbursement this Period 5.14
City Corning	State NY	
Zip Code 14830	Purpose of Disbursement Stamps	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: D390 Date of Disbursement 10 / 15 / 2004
Mailing Address Corning Post Office 48 Denison Parkway		Amount of Each Disbursement this Period 2.21
City Corning	State NY	
Zip Code 14830	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: D315 Date of Disbursement 10 / 19 / 2004
Mailing Address Corning Post Office 48 Denison Parkway		Amount of Each Disbursement this Period 1.75
City Corning	State NY	
Zip Code 14830	Purpose of Disbursement Stamps	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	9.10
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D366 Date of Disbursement 10 / 16 / 2004
Mailing Address PO Box 110		Amount of Each Disbursement this Period 417.79
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Phone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D417 Date of Disbursement 11 / 03 / 2004
Mailing Address PO Box 110		Amount of Each Disbursement this Period 2481.08
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Phone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D412 Date of Disbursement 11 / 08 / 2004
Mailing Address PO Box 110		Amount of Each Disbursement this Period 498.96
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Phone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3397.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Mr. Don Weigel Full Name (Last, First, Middle Initial) Mailing Address 59 E. Second St. City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D431 Date of Disbursement 11 / 03 / 2004 Amount of Each Disbursement this Period 858.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Wilson Farm Full Name (Last, First, Middle Initial) Mailing Address Denison Parkway City Corning State NY Zip Code 14830 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D311 Date of Disbursement 10 / 14 / 2004 Amount of Each Disbursement this Period 19.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Wilson Farm Full Name (Last, First, Middle Initial) Mailing Address Denison Parkway City Corning State NY Zip Code 14830 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D312 Date of Disbursement 10 / 18 / 2004 Amount of Each Disbursement this Period 24.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	902.41
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Wilson Farm Full Name (Last, First, Middle Initial) Mailing Address Denison Parkway City Corning State NY Zip Code 14830 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D395 Date of Disbursement 10 / 27 / 2004 Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Wilson Farm Full Name (Last, First, Middle Initial) Mailing Address Denison Parkway City Corning State NY Zip Code 14830 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D394 Date of Disbursement 11 / 04 / 2004 Amount of Each Disbursement this Period 25.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Wilson Farm Full Name (Last, First, Middle Initial) Mailing Address Denison Parkway City Corning State NY Zip Code 14830 Purpose of Disbursement Gasoline Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D392 Date of Disbursement 11 / 09 / 2004 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	80.76
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

A. Full Name (Last, First, Middle Initial)
Samara Barend

Mailing Address 142 Washington Street

City Corning State NY Zip Code 14830

Purpose of Disbursement Reimbursement - Postage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: D409
Date of Disbursement
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 4

Amount of Each Disbursement this Period
297.32

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

001
Category/
Type

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

Mailing Address Corning Post Office
48 Denison Parkway

City Corning State NY Zip Code 14830

Purpose of Disbursement stamps

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: D561
Date of Disbursement
M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 4

Amount of Each Disbursement this Period
297.32

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

[MEMO ITEM]

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

297.32

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

394936.74

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Samara for Congress

Full Name (Last, First, Middle Initial) A. Chemung County Democratic Committee		Transaction ID: D404 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address c/o Steven McNamara 302 Fairway Avenue		Amount of Each Disbursement this Period 600.00
City Elmira State NY Zip Code 14904	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Refund Candidate Name		010 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	600.00