

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MASSA FOR CONGRESS

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	158451.11	172528.24
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	158451.11	172178.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	27113.99	136752.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	20036.80	20036.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	7077.19	116715.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	153121.19	
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).....	78261.10	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
MASSA FOR CONGRESS

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

92986.00

98336.01

(ii) Unitemized.....

40615.11

45342.23

(iii) TOTAL of contributions

133601.11

143678.24

from individuals..... ▶

1000.00

2000.00

(b) Political Party Committees.....

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

23850.00

26850.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

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

158451.11

172528.24

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

0.00

0.00

13. LOANS

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

0.00

10000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

10000.00

14. OFFSETS TO OPERATING EXPENDITURES

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

20036.80

20036.80

15. OTHER RECEIPTS

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

0.00

0.00

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

178487.91

202565.04

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27113.99	136752.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	56191.51
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	56191.51
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	350.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	350.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	27113.99	193293.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1747.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	178487.91
25. SUBTOTAL (add Line 23 and Line 24).....	180235.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27113.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	153121.19

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

Name of Candidate		Candidate ID Number
ERIC JJ MASSA		H6NY29168
Name of Principal Campaign Committee		Committee ID Number
MASSA FOR CONGRESS		C C00411306
Committee Address		
59 EAST MARKET STREET SUITE 244		
City	State	ZIP
CORNING	NY	14830
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	163241.01	2310.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	163241.01	2310.00

**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 6 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 420 12th Street; Apt. N1R

City State Zip Code
 Brooklyn NY 11215

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

Name of Employer Occupation
 Paul Weiss attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31297

Amount of Each Receipt this Period
 500.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 7729.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31297.0

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
 David Ahl

Mailing Address 341 Flower City Park

City State Zip Code
 Rochester NY 14615

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

Name of Employer Occupation
 Xerox Corp. Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31425

Amount of Each Receipt this Period
 250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31425.0	
City State Zip Code Cambridge MA 02238		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00401224		Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		[MEMO ITEM]	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 25984.13	

B. Full Name (Last, First, Middle Initial) Scott Andrews		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 63 Maplewood Ave Unit 107		Transaction ID: SA11A1.31348	
City State Zip Code Honeoye Falls NY 14472		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Rochester Institute of Technology Computer Programmer			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31348.0	
City State Zip Code Cambridge MA 02238		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C C00401224		Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		[MEMO ITEM]	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 26184.13	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
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 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Malla Barker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 225 Edgerton St.		Transaction ID: SA11A1.32243
City State Zip Code Rochester NY 14607	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 none	Occupation none	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Bruce Barletta		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 86 Perry Hill Rd		Transaction ID: SA11A1.32210
City State Zip Code Rush NY 14543	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 retired	Occupation retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Richard Barney		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 341 W. Lake Rd.		Transaction ID: SA11A1.32083
City State Zip Code Penn Yan NY 14527	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
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 9 / 122
	<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Roger Beck		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 823 Elmira Road		Transaction ID: SA11A1.32389
City Ithaca	State NY	Amount of Each Receipt this Period 500.00
Zip Code 14850	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 Beck Equipment; Inc.	Occupation Machinery Sales/Rentals	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Avery Beer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 308		Transaction ID: SA11A1.31338
City Fairport	State NY	Amount of Each Receipt this Period 2000.00
Zip Code 14450	FEC ID number of contributing federal political committee. C	Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self	Occupation Physician assistant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31338.0
City Cambridge	State MA	Amount of Each Receipt this Period 2000.00
Zip Code 02238	FEC ID number of contributing federal political committee. C C00401224	Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 28184.13	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 5461 Hornby Rd

City State Zip Code
 Beaver Dams NY 14812

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

Name of Employer None Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.31476

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 16629.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.31476.0

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
 W.L. Bernhard

Mailing Address 775 Park Ave.

City State Zip Code
 New York NY 10021

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

Name of Employer Self Occupation Financial Services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.31278

Amount of Each Receipt this Period
 250.00

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

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 11 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **15979.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 06 / 2007

Transaction ID: SA11A1.31278.0

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Kurt R. Bischoff

Mailing Address **1031 Ridge Road**

City **Odessa** State **NY** Zip Code **14869**

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

Name of Employer **None** Occupation **Retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 17 / 2007

Transaction ID: SA11A1.31510

Amount of Each Receipt this Period
250.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **19879.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 17 / 2007

Transaction ID: SA11A1.31510.0

Amount of Each Receipt this Period
250.00

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

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 12 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Delmar Bleiler Jr.
 Mailing Address 1884 Pertl Rd.
 City Odessa State NY Zip Code 14869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2007
Transaction ID: SA11A1.32399
 Amount of Each Receipt this Period
 300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
 Nelson Blish
 Mailing Address 3840 East Ave
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kodak Occupation Attorney
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007
Transaction ID: SA11A1.31441
 Amount of Each Receipt this Period
 250.00
 Earmarked through ActBlue
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
 ACTBLUE
 Mailing Address P.O. Box 382110
 City Cambridge State MA Zip Code 02238
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007
Transaction ID: SA11A1.31441.0
 Amount of Each Receipt this Period
 250.00
 Conduit Earmarked Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

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 13 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Milton Block

Mailing Address 5 east 22 st; apt 7b

City State Zip Code
 new york NY 10010

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

Name of Employer Occupation
 Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31355

Amount of Each Receipt this Period
 2300.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 10029.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31355.0

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
 Sheree Bodary

Mailing Address 588 Eleanor Road

City State Zip Code
 Victor NY 14564

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

Name of Employer Occupation
 Homemaker none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.31412

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 / 122
	<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)
MASSA FOR CONGRESS

A. ACTBLUE Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 382110 City State Zip Code Cambridge MA 02238		Date of Receipt M M / D D / Y Y Y Y 06 17 2007 Transaction ID: SA11A1.31412.0 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00401224		Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 20379.13	

B. Dana Bookbinder Full Name (Last, First, Middle Initial) Mailing Address 2675 Davis Rd. City State Zip Code Corning NY 14830		Date of Receipt M M / D D / Y Y Y Y 05 11 2007 Transaction ID: SA11A1.32357 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 corning inc. Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation engineer Election Cycle-to-Date ▼ 1000.00	

C. Nicholas Borrelli Full Name (Last, First, Middle Initial) Mailing Address PO Box 1450 City State Zip Code Corning NY 14830		Date of Receipt M M / D D / Y Y Y Y 06 30 2007 Transaction ID: SA11A1.32366 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 Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation retired 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 15 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Katherine Boyce

Mailing Address 106 West Rosemont Ave.

City State Zip Code
 Alexandria VA 22301

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

Name of Employer Patton Boggs LLP Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32444

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)
 David Bradlee

Mailing Address 5063 Harold Place NE

City State Zip Code
 Seattle WA 98105

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

Name of Employer Microsoft Occupation software developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007

Transaction ID: SA11A1.31718

Amount of Each Receipt this Period
 500.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

23884.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007

Transaction ID: SA11A1.31718.0

Amount of Each Receipt this Period
 500.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Valerie Brechko

Mailing Address **6 White Tail Lane**

City **Penn Yan** State **NY** Zip Code **14527**

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

Name of Employer **Dundee Central School** Occupation **teacher**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32099

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)
 Edgar Bronfman

Mailing Address **375 Park Ave. 17th Floor**

City **New York** State **NY** Zip Code **10152**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 13 / 2007

Transaction ID: SA11A1.31935

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
 Edgar Bronfman

Mailing Address **375 Park Ave. 17th Floor**

City **New York** State **NY** Zip Code **10152**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 13 / 2007

Transaction ID: SA11A1.31936

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4700.00**

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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 8 Smallwood Dr.

City State Zip Code
Pittsford NY 14534

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

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 10 / 2007

Transaction ID: SA11A1.31388

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 19379.13

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 10 / 2007

Transaction ID: SA11A1.31388.0

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address PO Box 5

City State Zip Code
Keuka Park NY 14478

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32050

Amount of Each Receipt this Period
 250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Roger Cook

Mailing Address 1515 W. River Pky

City State Zip Code
 Grand Island NY 14072

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

Name of Employer AFL/CIO Occupation Union Officer

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.31960

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)
 Roger Cook

Mailing Address 1515 W. River Pky

City State Zip Code
 Grand Island NY 14072

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

Name of Employer AFL/CIO Occupation Union Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.31961

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)
 Barbara Corbett

Mailing Address 864 East Bluff Dr.

City State Zip Code
 Penn Yan NY 14527

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

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.32082

Amount of Each Receipt this Period
 250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 122
	<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Debra Craig		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 7	
Mailing Address 254 E. Lake Rd.		Transaction ID: SA11A1.31365	
City State Zip Code Penn Yan NY 14527		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Reflections Healthcare	Occupation CFO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31365.0	
City State Zip Code Cambridge MA 02238		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00401224		Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11679.13		

Full Name (Last, First, Middle Initial) C. Debra Craig		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7	
Mailing Address 254 E. Lake Rd.		Transaction ID: SA11A1.32076	
City State Zip Code Penn Yan NY 14527		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 Reflections Healthcare		Occupation CFO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
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 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Debra Craig

Mailing Address 254 E. Lake Rd.

City State Zip Code
 Penn Yan NY 14527

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

Name of Employer Reflections Healthcare Occupation CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.32086

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)
 Debra Craig

Mailing Address 254 E. Lake Rd.

City State Zip Code
 Penn Yan NY 14527

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

Name of Employer Reflections Healthcare Occupation CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007

Transaction ID: SA11A1.31504

Amount of Each Receipt this Period
 250.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 24134.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007

Transaction ID: SA11A1.31504.0

Amount of Each Receipt this Period
 250.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 21 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Sybil Craig

Mailing Address 285 Clover Hills Dr.

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 retired teacher

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.32263

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)
 William Craig

Mailing Address 254 East Lake Rd.

City State Zip Code
 PennYan NY 14527

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

Name of Employer Occupation
 Self Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.32100

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)
 Susan Davis

Mailing Address 307 Lyndon Rd.

City State Zip Code
 Fairport NY 14450

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

Name of Employer Occupation
 Croop-LaFrance Business Analyst

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31336

Amount of Each Receipt this Period
 50.00

Earmarked through ActBlue

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

SUBTOTAL of Receipts This Page (optional)	800.00
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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **28234.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31336.0

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Miriam De Castro

Mailing Address **77 Kreag Road**

City **Fairport** State **NY** Zip Code **14450**

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

Name of Employer **Kaddis Mfg** Occupation **system engineer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32016

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)
Alfred DeSoto

Mailing Address **19 Kirklees Road**

City **Pittsford** State **NY** Zip Code **14534**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **900.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 13 / 2007

Transaction ID: SA11A1.32151

Amount of Each Receipt this Period
800.00

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 122
	<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. William Donaldson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1248 Marsh Rd.		Transaction ID: SA11A1.32194
City State Zip Code Pittsford NY 14534	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 u of r Occupation scientist	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dale Dowling		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 44 Fawn St.		Transaction ID: SA11A1.32295
City State Zip Code Rochester NY 14622	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 retired Occupation retired	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dale Dowling		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 44 Fawn St.		Transaction ID: SA11A1.32297
City State Zip Code Rochester NY 14622	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 retired Occupation retired	Election Cycle-to-Date ▼ 300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address PO Box 566

City State Zip Code
 Naples NY 14512

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

Name of Employer Occupation
 Nixon Peabody LLP attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32059

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)
 Peter Emmel

Mailing Address 24 High Hill

City State Zip Code
 Pittsford NY 14534

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

Name of Employer Occupation
 retired retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2007

Transaction ID: SA11A1.32179

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)
 Lisa Feinberg-Duckett

Mailing Address 429 North Main St.

City State Zip Code
 Wellsville NY 14895

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

Name of Employer Occupation
 Allegeny County Dem. Com-m. Chair

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 03 / 2007

Transaction ID: SA11A1.32415

Amount of Each Receipt this Period
 1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Lisa Feinberg-Duckett

Mailing Address 429 North Main St.

City State Zip Code
Wellsville NY 14895

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

Name of Employer: Allegheny County Dem. Com.
 Occupation: **Chair**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 13 / 2007

Transaction ID: SA11A1.32417

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)
 Lisa Feinberg-Duckett

Mailing Address 429 North Main St.

City State Zip Code
Wellsville NY 14895

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

Name of Employer: Allegheny County Dem. Com.
 Occupation: **Chair**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.32419

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)
 Janet Fien

Mailing Address 12 Summer Tree

City State Zip Code
Pittsford NY 14534

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

Name of Employer: retired
 Occupation: **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 07 / 2007

Transaction ID: SA11A1.32141

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)	1600.00
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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 11341 Donovan Road

City State Zip Code
 Rossmoor CA 90720

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

Name of Employer Occupation
 McMaster-Carr Supply Company Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2007

Transaction ID: SA11A1.31682

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 16879.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2007

Transaction ID: SA11A1.31682.0

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
 DWIGHT GERTZ

Mailing Address 42 Bedford Road

City State Zip Code
 Lincoln MA 01773

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

Name of Employer Occupation
 CELERANT CONSULTING MANAGEMENT CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2007

Transaction ID: SA11A1.31224

Amount of Each Receipt this Period
 250.00

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

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 27 / 122
	<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 7	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31224.0	
City State Zip Code Cambridge MA 02238		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00401224		Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		<input checked="" type="checkbox"/> [MEMO ITEM]	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 16229.13	

Full Name (Last, First, Middle Initial) B. Robert Gilchrist		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 172 Rt 54 East Lake Rd.		Transaction ID: SA11A1.32095	
City State Zip Code Penn Yan NY 14527		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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Allan Greenleaf		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address 116 Idlewood Road		Transaction ID: SA11A1.32266	
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 University of Rochester Occupation Professor			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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 28 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cecelia Gross

Mailing Address 14949 Woods Valley Road

City State Zip Code
Valley Center CA 92082

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

Name of Employer Solekai Occupation software engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.32453

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)
Bonnie Haley

Mailing Address 1292 Courtney Dr.

City State Zip Code
Victor NY 14564

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.31485

Amount of Each Receipt this Period
1000.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.31485.0

Amount of Each Receipt this Period
1000.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 29 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Christian Haller

Mailing Address 31 Park Forest Drive

City State Zip Code
 Pittsford NY 14534

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

Name of Employer Occupation
 retired retired

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

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32199

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)
 H. Lawrence Helfer

Mailing Address 427 Thornell Road

City State Zip Code
 Pittsford NY 14534

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

Name of Employer Occupation
 retired retired

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

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32205

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)
 Martin Hempstead

Mailing Address 18 Fox Lane East

City State Zip Code
 Painted Post NY 14870

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

Name of Employer Occupation
 ProUnlimited Development Scientist

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

2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 29 / 2007

Transaction ID: SA11A1.31512

Amount of Each Receipt this Period
 2300.00

Earmarked through ActBlue

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

SUBTOTAL of Receipts This Page (optional)	3300.00
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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **15229.13**

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 29 / 2007

Transaction ID: SA11A1.31512.0

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Karlton Hickey

Mailing Address **1132 Red Oak Drive**

City **Boothwyn** State **PA** Zip Code **19061**

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

Name of Employer **Exxon Mobil** Occupation **Engineer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.32435

Amount of Each Receipt this Period
2295.00

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

C. Full Name (Last, First, Middle Initial)
Karlton Hickey

Mailing Address **1132 Red Oak Drive**

City **Boothwyn** State **PA** Zip Code **19061**

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

Name of Employer **Exxon Mobil** Occupation **Engineer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2305.00**

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.35532

Amount of Each Receipt this Period
5.00

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

SUBTOTAL of Receipts This Page (optional)	2300.00
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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 50 East Market St.

City State Zip Code
 Corning NY 14830

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

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2290.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 22 / 2007

Transaction ID: SA11A1.32478

Amount of Each Receipt this Period
 2290.00

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

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

Mailing Address 51 Pelham Rd.

City State Zip Code
 Rochester NY 14610

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.31423

Amount of Each Receipt this Period
 250.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 28484.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.31423.0

Amount of Each Receipt this Period
 250.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **2540.00**

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 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Maisie Houghton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address 2649B Spencer Hill Road		Transaction ID: SA11A1.32355	
City State Zip Code Corning NY 14830	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Robert Hursh		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 7	
Mailing Address 2795 First Ave		Transaction ID: SA11A1.31420	
City State Zip Code Rochester NY 14610	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 None Occupation Retired	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Joan Jarowski		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 120 W. 70th St.		Transaction ID: SA11A1.31276	
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 CI Jarowski MD Occupation Office Manager	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 33 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **28984.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31276.0

Amount of Each Receipt this Period
500.00

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

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

Mailing Address **8 East 12th St.**

City **New York** State **NY** Zip Code **10003**

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

Name of Employer **Empax.org** Occupation **Designer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31264

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **30484.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31264.0

Amount of Each Receipt this Period
1500.00

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

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 34 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 paul Katz

Mailing Address 47 Wren Field Lane

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
 University of Rochester physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 03 / 2007

Transaction ID: SA11A1.31386

Amount of Each Receipt this Period
 500.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 17379.13

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 03 / 2007

Transaction ID: SA11A1.31386.0

Amount of Each Receipt this Period
 500.00

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

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

Mailing Address 605 Universe Blvd
 Apt T-314

City State Zip Code
Juno Beach FL 33408

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.32450

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)	1000.00
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 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Edwin Kinnen

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.32476

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)
 Thomas Kleewein

Mailing Address 6118 Churchwood Lane

City State Zip Code
 Greendale WI 53129

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

Name of Employer Occupation
 LaMacchia Enterprises Software Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31611

Amount of Each Receipt this Period
 150.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

10179.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31611.0

Amount of Each Receipt this Period
 150.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	400.00
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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 6118 Churchwood Lane

City State Zip Code
 Greendale WI 53129

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

Name of Employer Occupation
 LaMacchia Enterprises Software Engineer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31612

Amount of Each Receipt this Period
 150.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 16379.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.31612.0

Amount of Each Receipt this Period
 150.00

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

C. Full Name (Last, First, Middle Initial)
 Jonathan Klein

Mailing Address 97 Southern Parkway

City State Zip Code
 Rochester NY 14642

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

Name of Employer Occupation
 University of Rochester Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31461

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
30784.13

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31461.0

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Laura Klochko

Mailing Address **601 Shreve Street 15B**

City **Punta Gorda** State **FL** Zip Code **33950**

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.32114

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)
Victor Kovner

Mailing Address **27 W. 67th St.**

City **Manhattan** State **NY** Zip Code **10023**

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

Name of Employer self Occupation attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31927

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) ► **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 38 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 832 Monkey Run Road

City Elmira State NY Zip Code 14901

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 690.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.32425

Amount of Each Receipt this Period
 690.00

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

B. Full Name (Last, First, Middle Initial)
 Richard Levendowski

Mailing Address 1571 Crofton Parkway

City Crofton State MD Zip Code 21114

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.32439

Amount of Each Receipt this Period
 500.00

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

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

Mailing Address 1571 Crofton Parkway

City Crofton State MD Zip Code 21114

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

Name of Employer Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.32440

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) ► **1440.00**

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 39 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Richard Lipsitz

Mailing Address 701 Admirals Walk

City State Zip Code
 Buffalo NY 14202

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

Name of Employer self Occupation
 self attorney

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

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31964

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)
 Stephanie Low

Mailing Address 1215 Fifth Ave

City State Zip Code
 NY NY 10029

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

Name of Employer self Occupation
 self arts manager

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

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31286

Amount of Each Receipt this Period
 250.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation
 self

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

31034.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31286.0

Amount of Each Receipt this Period
 250.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 40 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Wendy Mackenzie

Mailing Address 829 Park Ave

City NY State NY Zip Code 10021

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

Name of Employer Self Occupation Public Affairs Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2007

Transaction ID: SA11A1.31926

Amount of Each Receipt this Period
 2300.00

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

B. Full Name (Last, First, Middle Initial)
 Clark Maloney

Mailing Address 30 W 6th St

City Corning State NY Zip Code 14830

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

Name of Employer Retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.32360

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)
 Jack Marin

Mailing Address 77 Kreag Rd.

City Fairport State NY Zip Code 14450

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32014

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)	3050.00
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 41 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Nancy Marion Mailing Address 1231 Pre-Emption Road City State Zip Code Penn Yann NY 14527		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.32074 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 State of New York Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Education Department Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Nancy Marion Mailing Address 1231 Pre-Emption Road City State Zip Code Penn Yann NY 14527		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.32107 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 State of New York Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Education Department Election Cycle-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Raul Martinez Mailing Address 54 Wren Field Lane City State Zip Code Pittsford NY 14534		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 7 Transaction ID: SA11A1.32126 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 One Beacon Insurance Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation attorney 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: (check only one)	PAGE 42 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 1050 Park Ave.

City State Zip Code
 New York NY 10027

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 03 / 2007

Transaction ID: SA11A1.31934

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)
 Thomas May

Mailing Address Box 85

City State Zip Code
 Oakville CA 94562

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

Name of Employer self Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 22 / 2007

Transaction ID: SA11A1.32459

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
 Mary Mccarty

Mailing Address 4300 East Ave.

City State Zip Code
 Rochester NY 14618

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

Name of Employer none Occupation none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.32267

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) ► **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 43 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 4300 East Ave.

City State Zip Code
 Rochester NY 14618

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

Name of Employer none Occupation none

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32286

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)
 Richard Millard

Mailing Address 5 Highland Heights

City State Zip Code
 Rochester NY 14618

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

Name of Employer Harris Occupation Psychologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 17 / 2007

Transaction ID: SA11A1.31435

Amount of Each Receipt this Period
 1000.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 21379.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 17 / 2007

Transaction ID: SA11A1.31435.0

Amount of Each Receipt this Period
 1000.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 44 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Howard Miller

Mailing Address 30 East Hughes St.

City Belfast State NY Zip Code 14711

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 13 / 2007

Transaction ID: SA11A1.32316

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)
 L Gordon Moore

Mailing Address 22 Westland Avenue

City Rochester State NY Zip Code 14618

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

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 17 / 2007

Transaction ID: SA11A1.31436

Amount of Each Receipt this Period
 500.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 21879.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 17 / 2007

Transaction ID: SA11A1.31436.0

Amount of Each Receipt this Period
 500.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 45 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Peter Mott

Mailing Address 57 S. Main St.
 Mottg Srk

City Pittsford State NY Zip Code 14534

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.32149

Amount of Each Receipt this Period
 400.00

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

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

Mailing Address 163 Sibley Road

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 19 / 2007

Transaction ID: SA11A1.32037

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)
 Donna Mummery

Mailing Address 67 Village Trail

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 24 / 2007

Transaction ID: SA11A1.31347

Amount of Each Receipt this Period
 500.00

Earmarked through ActBlue

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

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **24634.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: SA11A1.31347.0

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Arun Nagpaul

Mailing Address **1830 Melvin Hill Rd.**

City **Phelps** State **NY** Zip Code **14532**

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

Name of Employer **Clifton Springs Hospital** Occupation **physician**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1001.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.32110

Amount of Each Receipt this Period
1001.00

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

C. Full Name (Last, First, Middle Initial)
Mark Newhouse

Mailing Address **2602 Spencer Hill Rd.**

City **Corning** State **NY** Zip Code **14830**

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

Name of Employer **Corning Inc.** Occupation **Manager of Operations**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: SA11A1.31486

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1251.00**

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 47 / 122
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) ACTBLUE</p> <p>Mailing Address P.O. Box 382110</p> <p>City State Zip Code Cambridge MA 02238</p> <p>FEC ID number of contributing federal political committee. C C00401224</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 24884.13</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 06 24 2007</p> <p>Transaction ID: SA11A1.31486.0</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Theodore Nixon</p> <p>Mailing Address 45 Sunset Blvd.</p> <p>City State Zip Code Pittsford NY 14534</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer retired Occupation retired</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 06 19 2007</p> <p>Transaction ID: SA11A1.32165</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Carol Olszewski</p> <p>Mailing Address 796 Red Oak Dr.</p> <p>City State Zip Code Niskayuna NY 12309</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer NYS Occupation judge</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 05 11 2007</p> <p>Transaction ID: SA11A1.31955</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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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 48 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Jacob Patla

Mailing Address **7 Pioneer Road**

City **Fairport** State **NY** Zip Code **14450**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 14 / 2007

Transaction ID: SA11A1.32004

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)
 Barbara Pinckney

Mailing Address **4 Northview Drive**

City **Penn Yann** State **NY** Zip Code **14527**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32101

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)
 Linda Rayor

Mailing Address **5939 Stillwall Road**

City **Trumansburg** State **NY** Zip Code **14836**

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

Name of Employer **Cornell University** Occupation **Biology faculty**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31522

Amount of Each Receipt this Period
200.00

Earmarked through ActBlue

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

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 49 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **31234.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31522.0

Amount of Each Receipt this Period
200.00

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

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

Mailing Address **217 Huckleberry Road**

City **Farmington** State **NY** Zip Code **14425-7051**

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

Name of Employer self Occupation **Composer**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31727

Amount of Each Receipt this Period
500.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **31734.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31727.0

Amount of Each Receipt this Period
500.00

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

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

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

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 50 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 elizabeth reese

Mailing Address 830 park avenue

City State Zip Code
 new york NY 10021

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

Name of Employer Retired Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2007

Transaction ID: SA11A1.31268

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 18379.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 03 / 2007

Transaction ID: SA11A1.31268.0

Amount of Each Receipt this Period
 1000.00

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

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

Mailing Address 35 Church St.

City State Zip Code
 Pittsford NY 14534

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

Name of Employer self Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2007

Transaction ID: SA11A1.32115

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)	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 51 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lawrence Richards

Mailing Address **5754 Humphrey**

City **Great Valley** State **NY** Zip Code **14741**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32325

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)
Barry Rosenstein

Mailing Address **768 El Camino Del Mar**

City **San Francisco** State **CA** Zip Code **94121**

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

Name of Employer **Jana Partners** Occupation **investor**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.32457

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Lizanne Rosenstein

Mailing Address **768 El Camino Del Mar**

City **San Francisco** State **CA** Zip Code **94121**

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

Name of Employer **Philanthropist** Occupation **Self**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
M M / D D / Y Y Y Y
05 / 11 / 2007

Transaction ID: SA11A1.32455

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	5600.00
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 52 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Veronica Rubin

Mailing Address PO Box 2511

City Arlington State VA Zip Code 22202

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

Name of Employer veterans administration Occupation nurse

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 11 / 2007

Transaction ID: SA11A1.32441

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)
 Judith Russell

Mailing Address 2426 Westside Dr.

City North Chili State NY Zip Code 14514

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

Name of Employer self Occupation farmer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.31729

Amount of Each Receipt this Period
 100.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 51514.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.31729.0

Amount of Each Receipt this Period
 100.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 139 E 19th

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
blue tiger group inc. Business Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31265

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
32734.13

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31265.0

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Carolyn Schaeffer

Mailing Address 2997 Merritt Hill Road

City State Zip Code
Penn Yann NY 14527

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32105

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Robert Scharf		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address 953 East Lake Road		Transaction ID: SA11A1.32373
City State Zip Code Dundee NY 14837	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 Retired Occupation retired	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Russell Scheel		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 18 Grant Ave.		Transaction ID: SA11A1.32090
City State Zip Code Penn Yan NY 14527	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 retired Occupation retired	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Roberta Schneiderman		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007
Mailing Address 203 E. 72nd Street		Transaction ID: SA11A1.31925
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 self Occupation educational consultant	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 55 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Maria Scrivani

Mailing Address 176 Bryant Street

City State Zip Code
 Buffalo NY 14222

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

Name of Employer self Occupation self

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

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.31969

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)
 Michael Seaman

Mailing Address 10943 Corduroy Rd.

City State Zip Code
 Corning NY 14830

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

Name of Employer self Occupation Physician

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

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.32362

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)
 Sidney Shapiro

Mailing Address 220 Parkwood Ave.

City State Zip Code
 Rochester NY 14620

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

Name of Employer retired Occupation retired

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

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.32291

Amount of Each Receipt this Period
 250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Sidney Shapiro

Mailing Address 220 Parkwood Ave.

City State Zip Code
 Rochester NY 14620

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

Name of Employer Occupation
 retired retired

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32292

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)
 Mushtaq Sheikh

Mailing Address 49 Estates Drive

City State Zip Code
 Elmira NY 14903

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

Name of Employer Occupation
 Arnot Medical Services (A-MS) Physician (M.D.)

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 29 / 2007

Transaction ID: SA11A1.31529

Amount of Each Receipt this Period
 500.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 15729.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 29 / 2007

Transaction ID: SA11A1.31529.0

Amount of Each Receipt this Period
 500.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 57 / 122
	<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Claire Silberman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2007
Mailing Address 28 Old Fulton ST 1J		Transaction ID: SA11A1.31296
City State Zip Code Brooklyn NY 11201	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation consultant	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2007
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31296.0
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00401224	Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 22129.13		

Full Name (Last, First, Middle Initial) C. David Soule		Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2007
Mailing Address 726 E Lake Rd		Transaction ID: SA11A1.32075
City State Zip Code Penn Yan NY 14527	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 physician	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 58 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EILEEN SPENCE

Mailing Address **427 Kreg Rd.**

City **Pittsford** State **NY** Zip Code **14534**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: SA11A1.31395

Amount of Each Receipt this Period
100.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **24984.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 24 / 2007

Transaction ID: SA11A1.31395.0

Amount of Each Receipt this Period
100.00

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

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

Mailing Address **342 Elm St**

City **Penn Yan** State **NY** Zip Code **14527**

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

Name of Employer **none** Occupation **none**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 15 / 2007

Transaction ID: SA11A1.31362

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	350.00
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 59 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10429.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
04 / 15 / 2007

Transaction ID: SA11A1.31362.0

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Richard Stewart

Mailing Address **342 Elm St**

City **Penn Yan** State **NY** Zip Code **14527**

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

Name of Employer **none** Occupation **none**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 10 / 2007

Transaction ID: SA11A1.31367

Amount of Each Receipt this Period
250.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **19629.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 10 / 2007

Transaction ID: SA11A1.31367.0

Amount of Each Receipt this Period
250.00

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

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 60 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Carolyn Storey

Mailing Address **PO Box 541709**

City **Merritt Island** State **FL** Zip Code **32954**

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

Name of Employer **Fidelity Bank of Florida** Occupation **Bank Director**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.32448

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
 Gertrude Storey

Mailing Address **PO Box 541709**

City **Merritt Island** State **FL** Zip Code **32954**

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

Name of Employer **Retired** Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.32449

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address **4370 Stillwater Drive**

City **Merritt Island** State **FL** Zip Code **32954**

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

Name of Employer **Fidelity Bank of Florida** Occupation **Chairman**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2300.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.32447

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	6900.00
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 61 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
E. Ross Stuckless

Mailing Address 7948 Taylor Rd.

City State Zip Code
Victor NY 14564

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

Name of Employer Occupation
retired retired

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

1000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2007

Transaction ID: SA11A1.32215

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)
Elaine Thiesmeyer

Mailing Address 901 Serenity Road

City State Zip Code
Penn Yann NY 14527

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

Name of Employer Occupation
self computer programmer/software sales

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

250.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2007

Transaction ID: SA11A1.31360

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

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

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

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

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

Name of Employer Occupation

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

10679.13

Date of Receipt
MM / DD / YYYY
04 / 15 / 2007

Transaction ID: SA11A1.31360.0

Amount of Each Receipt this Period
250.00

Conduit Earmarked Contribution

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

[MEMO ITEM]

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 62 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Elaine Thiesmeyer

Mailing Address 901 Serenity Road

City State Zip Code
 Penn Yann NY 14527

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

Name of Employer self Occupation
 computer programmer/software sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.31374

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address P.O. Box 382110

City State Zip Code
 Cambridge MA 02238

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 32984.13

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.31374.0

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address 901 Serenity Rd

City State Zip Code
 Penn Yan NY 14527

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

Name of Employer self Occupation
 software production and sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 15 / 2007

Transaction ID: SA11A1.31361

Amount of Each Receipt this Period
 250.00

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

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 63 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10929.13**

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2007

Transaction ID: SA11A1.31361.0

Amount of Each Receipt this Period
250.00

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

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

Mailing Address **901 Serenity Rd**

City **Penn Yan** State **NY** Zip Code **14527**

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

Name of Employer **self** Occupation **software production and sales**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31376

Amount of Each Receipt this Period
250.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **33234.13**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.31376.0

Amount of Each Receipt this Period
250.00

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

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: PAGE 64 / 122 (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Kathleen Thurmond Mailing Address 12 Thorndike Street City State Zip Code Brookline MA 02446 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007 Transaction ID: SA11A1.31923 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Retired Physician Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

B. Full Name (Last, First, Middle Initial) Linda Tinelli Shieve Mailing Address 1193 South Lake Rd. City State Zip Code Middlesex NY 14507 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007 Transaction ID: SA11A1.32057 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation retired retired Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

C. Full Name (Last, First, Middle Initial) Jill Vandewoestine Mailing Address 2670 Davis Road City State Zip Code Corning NY 14830 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 04 / 22 / 2007 Transaction ID: SA11A1.31483 Amount of Each Receipt this Period 250.00 Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Corning Incorporated Business development manager Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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: (check only one)	PAGE 65 / 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31483.0	
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C C00401224	Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]		
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11929.13		

Full Name (Last, First, Middle Initial) B. Jill Vandewoestine		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 2670 Davis Road		Transaction ID: SA11A1.31490	
City State Zip Code Corning NY 14830	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Corning Incorporated Business development manager	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ACTBLUE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31490.0	
City State Zip Code Cambridge MA 02238	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C C00401224	Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]		
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 33484.13		

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 66 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Roland Van Liew

Mailing Address 6 Hemlock Drive

City Chelmsford State MA Zip Code 01824

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

Name of Employer Hands on Tech Transfer Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 07 / 2007

Transaction ID: SA11A1.32465

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)
 Maurice Varon

Mailing Address 16 Southern Parkway

City Rochester State NY Zip Code 14618

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

Name of Employer self Occupation md

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2007

Transaction ID: SA11A1.32284

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)
 Frank Vella Sr.

Mailing Address PO Box 26542

City Rochester State NY Zip Code 14626

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

Name of Employer Self Occupation business owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 03 / 2007

Transaction ID: SA11A1.32310

Amount of Each Receipt this Period
 1500.00

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: (check only one)	PAGE 67 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) roger vince Mailing Address 455 kilbourn road City State Zip Code rochester NY 14618 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2007 Transaction ID: SA11A1.31438 Amount of Each Receipt this Period 250.00 Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer university of rochester Occupation physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) ACTBLUE Mailing Address P.O. Box 382110 City State Zip Code Cambridge MA 02238 FEC ID number of contributing federal political committee. C C00401224		Date of Receipt M M / D D / Y Y Y Y Y 06 / 24 / 2007 Transaction ID: SA11A1.31438.0 Amount of Each Receipt this Period 250.00 Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 25234.13		

C. Full Name (Last, First, Middle Initial) Jerry Wages Mailing Address POB 27330 City State Zip Code Baypoint FL 32411 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 06 / 13 / 2007 Transaction ID: SA11A1.32446 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 usn retired Occupation usn retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	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 68 / 122
	<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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Lorin Walker		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2007	
Mailing Address PO BOX 514		Transaction ID: SA11A1.31716	
City Preston	State WA	Zip Code 98050	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer TheTC	Occupation Business Manager		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) ACTBLUE		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2007	
Mailing Address P.O. Box 382110		Transaction ID: SA11A1.31716.0	
City Cambridge	State MA	Zip Code 02238	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00401224		Conduit Earmarked Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 25734.13		

C. Full Name (Last, First, Middle Initial) sherry walton		Date of Receipt M M / D D / Y Y Y Y 06 / 17 / 2007	
Mailing Address po box 483 4165 Grandview		Transaction ID: SA11A1.31525	
City wellsville	State NY	Zip Code 14895	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self		Occupation community leader	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 69 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **23129.13**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 17 / 2007

Transaction ID: SA11A1.31525.0

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address **4 Brookwood Rd.**

City **Pittsford** State **NY** Zip Code **14534**

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

Name of Employer retired Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11A1.32171

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)
Julian Webb

Mailing Address **4 Brookwood Rd.**

City **Pittsford** State **NY** Zip Code **14534**

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

Name of Employer retired Occupation **retired**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 03 / 2007

Transaction ID: SA11A1.32113

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)	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 70 / 122
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Julian Webb Mailing Address 4 Brookwood Rd. City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 Transaction ID: SA11A1.32116 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 retired Occupation retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Julian Webb Mailing Address 4 Brookwood Rd. City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7 Transaction ID: SA11A1.32163 Amount of Each Receipt this Period 300.00 <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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00		

C. Full Name (Last, First, Middle Initial) Maria Wells Mailing Address 1132 Red Oak Drive City Garnet Valley State PA Zip Code 19061 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 7 / 2 0 0 7 Transaction ID: SA11A1.31535 Amount of Each Receipt this Period 5.00 Earmarked through ActBlue <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Essex Consulting Occupation Engineer Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2305.00		

SUBTOTAL of Receipts This Page (optional)	1305.00
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 71 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **23134.13**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 17 / 2007

Transaction ID: SA11A1.31535.0

Amount of Each Receipt this Period
5.00

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

B. Full Name (Last, First, Middle Initial)
Troy Willitt

Mailing Address **376 Park Pl.; #1**

City **Brooklyn** State **NY** Zip Code **11238**

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

Name of Employer **Richards Kibbe & Orbe LLP** Occupation **Attorney**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2007

Transaction ID: SA11A1.31304

Amount of Each Receipt this Period
250.00

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

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

Mailing Address **P.O. Box 382110**

City **Cambridge** State **MA** Zip Code **02238**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **11179.13**

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2007

Transaction ID: SA11A1.31304.0

Amount of Each Receipt this Period
250.00

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

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 72 / 122
	<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)
MASSA FOR CONGRESS

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

Mailing Address 12 Hurlingham Dr.

City State Zip Code
Honeoye Falls NY 14472

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

Name of Employer Self Occupation
 Researcher

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

300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 19 / 2007

Transaction ID: SA11A1.32041

Amount of Each Receipt this Period
 300.00

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

B. Full Name (Last, First, Middle Initial)
 William Wolf

Mailing Address 3237 Fingar Road

City State Zip Code
Keuka Park NY 14478

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

Name of Employer retired Occupation
 retired

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

2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.32048

Amount of Each Receipt this Period
 2300.00

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

C. Full Name (Last, First, Middle Initial)
 David Worl

Mailing Address 3 Powder Mill Dr.

City State Zip Code
Pittsford NY 14534

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

Name of Employer retired Occupation
 retired

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

250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007

Transaction ID: SA11A1.32197

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)	2850.00
TOTAL This Period (last page this line number only)	92986.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 / 122
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Steuben County Democratic Committee

Mailing Address 12 Mays Avenue

City State Zip Code
Hornell NY 14843

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 13 2007

Transaction ID: SA11B.32489

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)
 Yates County Democratic Committee

Mailing Address 726 E. Lake Rd

City State Zip Code
Rochester NY 14626

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
05 11 2007

Transaction ID: SA11B.32485

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)	1000.00
TOTAL This Period (last page this line number only)	1000.00

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

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

FOR LINE NUMBER: PAGE 74 / 122
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address **P.O. Box 382110**
 City **Cambridge** State **MA** Zip Code **02238**
 FEC ID number of contributing federal political committee. **C C00401224**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
33484.13

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007
Transaction ID: SA11C.32559
 Amount of Each Receipt this Period
0.00
 Unitemized Earmarked Contributions
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ACTBLUE
 Mailing Address **P.O. Box 382110**
 City **Cambridge** State **MA** Zip Code **02238**
 FEC ID number of contributing federal political committee. **C C00401224**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
51414.83

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007
Transaction ID: SA11C.32559.0
 Amount of Each Receipt this Period
17930.70
 Unitemized Earmarked Contributions
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED
 Mailing Address **1625 L STREET NW**
 City **WASHINGTON** State **DC** Zip Code **20036**
 FEC ID number of contributing federal political committee. **C C00011114**
 Name of Employer Occupation
 Receipt For: 2008
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 30 / 2007
Transaction ID: SA11C.32505
 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) ► **2500.00**
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 75 / 122
	<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)
MASSA FOR CONGRESS

A. CANDIDATE OF THE MONTH PAC

Full Name (Last, First, Middle Initial)
Mailing Address **75 LIVINGSTON STREET SUITE 22C**

City **NEW YORK** State **NY** Zip Code **11201**

FEC ID number of contributing federal political committee. **C C00421172**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	7

Transaction ID: SA11C.32492

Amount of Each Receipt this Period

350.00							
--------	--	--	--	--	--	--	--

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

B. CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address **501 Third Street NW**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: SA11C.32498

Amount of Each Receipt this Period

5000.00							
---------	--	--	--	--	--	--	--

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

C. DEMOCRACY FOR AMERICA

Full Name (Last, First, Middle Initial)
Mailing Address **PO Box 8313 SUITE 300**

City **Burlington** State **VT** Zip Code **05402**

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	7

Transaction ID: SA11C.32483

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)	6350.00
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 76 / 122
	(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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) DEMOCRACY FOR AMERICA		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 8313 SUITE 300		Transaction ID: SA11C.32496
City Burlington State VT Zip Code 05402	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00370007		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Friends to Elect Dave Dunning		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 2 Wheat Hill		Transaction ID: SA11C.32490
City Rochester State NY Zip Code 14624	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	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) IBEW Local Union PAC 1249		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 18 Grant Ave.		Transaction ID: SA11C.32494
City East Syracuse State NY Zip Code 13057	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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2350.00
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 77 / 122
	<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Local 1170 CWA Retiree Club		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 1451 Lake Ave.		Transaction ID: SA11C.32481
City Rochester State NY Zip Code 14615	Amount of Each Receipt this Period 150.00	
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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. MACHINISTS NON PARTISAN POL LEAGUE OF THE INT'L ASSN OF MACHINISTS & AEROSPACE WORKERS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 9000 Machinists Place		Transaction ID: SA11C.32500
City Upper Marlboro State MD Zip Code 20772	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00002469		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 901 Massachusetts Avenue NW		Transaction ID: SA11C.32497
City Washington State DC Zip Code 20001	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C C00012476		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10150.00
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 78 / 122	
	(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)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Mailing Address **1775 K STREET N.W.**

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer	Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	7

Transaction ID: SA11C.32493

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)	2500.00
TOTAL This Period (last page this line number only)	23850.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 79 / 122	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Mullen & Associates

Mailing Address **1101 Pennsylvania Ave**
5th Floor

City **Washington** State **DC** Zip Code **20004**

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
20000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: SA14.31737

Amount of Each Receipt this Period
20000.00

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

SUBTOTAL of Receipts This Page (optional)	20000.00
TOTAL This Period (last page this line number only)	20000.00

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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad, Inc.		Transaction ID: SB17.31202 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 177.44	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Auburn Quad, Inc.		Transaction ID: SB17.31203 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 7	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 52.97	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Auburn Quad, Inc.		Transaction ID: SB17.31204 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 131.03	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	361.44
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad, Inc.		Transaction ID: SB17.31205 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 7	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 96.57	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Auburn Quad, Inc.		Transaction ID: SB17.31206 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 7	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 54.69	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Auburn Quad, Inc.		Transaction ID: SB17.31207 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 7	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 24.77	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	176.03
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad, Inc.		Transaction ID: SB17.31208 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 55.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Auburn Quad, Inc.		Transaction ID: SB17.31209 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 62.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Auburn Quad, Inc.		Transaction ID: SB17.31210 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 49.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	167.94
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Auburn Quad, Inc.		Transaction ID: SB17.31211 Date of Disbursement 06 / 17 / 2007	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 246.70	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Auburn Quad, Inc.		Transaction ID: SB17.31212 Date of Disbursement 06 / 24 / 2007	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 130.35	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Auburn Quad, Inc.		Transaction ID: SB17.31213 Date of Disbursement 06 / 30 / 2007	
Mailing Address P.O. Box 390728		Amount of Each Disbursement this Period 519.43	
City Cambridge State MA Zip Code 02139	Purpose of Disbursement bank fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	896.48
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citibusiness Advantage Card		Transaction ID: SB17.31167 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 1655.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43218		
Purpose of Disbursement credit card Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sunoco		Transaction ID: SB17.31167.4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address Tenn Penn Center 1801 Market St		Amount of Each Disbursement this Period 58.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Phildephia State PA Zip Code 19103		
Purpose of Disbursement gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jet Blue		Transaction ID: SB17.31167.5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address 118-29 Queens Blvd		Amount of Each Disbursement this Period 178.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Forest Hills State NY Zip Code 11375		
Purpose of Disbursement travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1655.74
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)
MASSA FOR CONGRESS

A. Black's Full Name (Last, First, Middle Initial) Mailing Address 137 E Pulteney City Corning State NY Zip Code 14830 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31167.14 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 58.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Sunoco Full Name (Last, First, Middle Initial) Mailing Address Tenn Penn Center 1801 Market St City Phildephia State PA Zip Code 19103 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31167.18 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 63.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Staples Full Name (Last, First, Middle Initial) Mailing Address 821 County Rt 64 City Big Flats State NY Zip Code 14903 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31167.25 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 78.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

A. Sunoco Full Name (Last, First, Middle Initial) Mailing Address Tenn Penn Center 1801 Market St City Philidelphia State PA Zip Code 19103 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31167.28 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 43.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address 821 County Rt 64 City Big Flats State NY Zip Code 14903 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31167.29 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 152.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Sunoco Full Name (Last, First, Middle Initial) Mailing Address Tenn Penn Center 1801 Market St City Philidelphia State PA Zip Code 19103 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31167.33 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7 Amount of Each Disbursement this Period 48.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Transaction ID: SB17.31167.37 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 54.65
City Irving State TX Zip Code 75039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Navy Exchange		Transaction ID: SB17.31167.43 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address Pentagon		Amount of Each Disbursement this Period 48.71
City Washington State DC Zip Code 10023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citibusiness Advantage Card		Transaction ID: SB17.31167.44 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 34.12
City Columbus State OH Zip Code 43218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement finance charges Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citibusiness Advantage Card		Transaction ID: SB17.31167.45 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 39.00
City Columbus State OH Zip Code 43218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fee Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citibusiness Advantage Card		Transaction ID: SB17.31172 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 207.56
City Columbus State OH Zip Code 43218	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sunoco		Transaction ID: SB17.31172.2 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Tenn Penn Center 1801 Market St		Amount of Each Disbursement this Period 30.60
City Philidelphia State PA Zip Code 19103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	207.56
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citibusiness Advantage Card		Transaction ID: SB17.31172.3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 25.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Columbus State OH Zip Code 43218		
Purpose of Disbursement finance charge	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citibusiness Advantage Card		Transaction ID: SB17.31175 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 2602.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43218		
Purpose of Disbursement credit card	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB17.31175.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 821 County Rt 64		Amount of Each Disbursement this Period 125.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Big Flats State NY Zip Code 14903		
Purpose of Disbursement office supplies	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2602.20
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)

<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)
MASSA FOR CONGRESS

<p>A. Black's</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 137 E Pulteney</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement gas</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: SB17.31175.3</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. USPS</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 123 First Street</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: SB17.31175.5</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Black's</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 137 E Pulteney</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement gas</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: SB17.31175.7</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.47"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wegman's		Transaction ID: SB17.31175.9 Date of Disbursement 05 / 15 / 2007
Mailing Address 5 Bridge Street		Amount of Each Disbursement this Period 4.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Corning	State NY	
Zip Code 14830		
Purpose of Disbursement catering		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Navy Exchange		Transaction ID: SB17.31175.15 Date of Disbursement 05 / 15 / 2007
Mailing Address Pentagon		Amount of Each Disbursement this Period 54.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington	State DC	
Zip Code 10023		
Purpose of Disbursement gas		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Exxon Mobile		Transaction ID: SB17.31175.17 Date of Disbursement 05 / 15 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 50.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Irving	State TX	
Zip Code 75039		
Purpose of Disbursement gas		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Transaction ID: SB17.31175.18 Date of Disbursement 05 / 15 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 57.73
City Irving State TX Zip Code 75039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sunoco		Transaction ID: SB17.31175.19 Date of Disbursement 05 / 15 / 2007
Mailing Address Tenn Penn Center 1801 Market St		Amount of Each Disbursement this Period 67.35
City Phildephia State PA Zip Code 19103	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Homewood Suites		Transaction ID: SB17.31175.21 Date of Disbursement 05 / 15 / 2007
Mailing Address 2095 Hylan Drive		Amount of Each Disbursement this Period 117.42
City Rochester State NY Zip Code 14623	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.31175.23 Date of Disbursement 05 / 15 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 47.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Corning State NY Zip Code 14830		
Purpose of Disbursement postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Exxon Mobile		Transaction ID: SB17.31175.25 Date of Disbursement 05 / 15 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 58.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Irving State TX Zip Code 75039		
Purpose of Disbursement gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.31175.26 Date of Disbursement 05 / 15 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 33.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Corning State NY Zip Code 14830		
Purpose of Disbursement postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jet Blue		Transaction ID: SB17.31175.29 Date of Disbursement 05 / 15 / 2007	
Mailing Address 118-29 Queens Blvd		Amount of Each Disbursement this Period 188.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Forest Hills	State NY		Zip Code 11375
Purpose of Disbursement travel			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: SB17.31175.31 Date of Disbursement 05 / 15 / 2007	
Mailing Address 123 First Street		Amount of Each Disbursement this Period 3.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Corning	State NY		Zip Code 14830
Purpose of Disbursement postage			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.31175.32 Date of Disbursement 05 / 15 / 2007	
Mailing Address 123 First Street		Amount of Each Disbursement this Period 135.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Corning	State NY		Zip Code 14830
Purpose of Disbursement postage			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.31175.33 Date of Disbursement 05 / 15 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 370.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Corning State NY Zip Code 14830		
Purpose of Disbursement postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: SB17.31175.34 Date of Disbursement 05 / 15 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Corning State NY Zip Code 14830		
Purpose of Disbursement postage Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Exxon Mobile		Transaction ID: SB17.31175.37 Date of Disbursement 05 / 15 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 56.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Irving State TX Zip Code 75039		
Purpose of Disbursement gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<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)
MASSA FOR CONGRESS

A. USPS Full Name (Last, First, Middle Initial) Mailing Address 123 First Street City Corning State NY Zip Code 14830 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31175.39 Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Citibusiness Advantage Card Full Name (Last, First, Middle Initial) Mailing Address PO Box 183059 City Columbus State OH Zip Code 43218 Purpose of Disbursement interest charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31175.40 Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 43.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Citibusiness Advantage Card Full Name (Last, First, Middle Initial) Mailing Address PO Box 183059 City Columbus State OH Zip Code 43218 Purpose of Disbursement membership fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31175.41 Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citibusiness Advantage Card		Transaction ID: SB17.31181 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 2873.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus	State OH	
Zip Code 43218		
Purpose of Disbursement credit card Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Wegman's		Transaction ID: SB17.31181.1 Date of Disbursement 06 / 11 / 2007
Mailing Address 5 Bridge Street		Amount of Each Disbursement this Period 24.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Corning	State NY	
Zip Code 14830		
Purpose of Disbursement catering Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sunoco		Transaction ID: SB17.31181.2 Date of Disbursement 06 / 11 / 2007
Mailing Address Tenn Penn Center 1801 Market St		Amount of Each Disbursement this Period 58.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Philidelphia	State PA	
Zip Code 19103		
Purpose of Disbursement gas Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2873.40
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Transaction ID: SB17.31181.3 Date of Disbursement 06 / 11 / 2007	
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 5.59	
City Irving State TX Zip Code 75039	Purpose of Disbursement gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Exxon Mobile		Transaction ID: SB17.31181.4 Date of Disbursement 06 / 11 / 2007	
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 4.58	
City Irving State TX Zip Code 75039	Purpose of Disbursement gas	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB17.31181.5 Date of Disbursement 06 / 11 / 2007	
Mailing Address 821 County Rt 64		Amount of Each Disbursement this Period 20.50	
City Big Flats State NY Zip Code 14903	Purpose of Disbursement office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Black's		Transaction ID: SB17.31181.9 Date of Disbursement 06 / 11 / 2007
Mailing Address 137 E Pulteney		Amount of Each Disbursement this Period 22.80
City Corning State NY Zip Code 14830	Purpose of Disbursement gas Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Black's		Transaction ID: SB17.31181.10 Date of Disbursement 06 / 11 / 2007
Mailing Address 137 E Pulteney		Amount of Each Disbursement this Period 24.79
City Corning State NY Zip Code 14830	Purpose of Disbursement gas Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Homewood Suites		Transaction ID: SB17.31181.19 Date of Disbursement 06 / 11 / 2007
Mailing Address 2095 Hylan Drive		Amount of Each Disbursement this Period 226.86
City Rochester State NY Zip Code 14623	Purpose of Disbursement travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Transaction ID: SB17.31181.20 Date of Disbursement 06 / 11 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 64.39
City Irving State TX Zip Code 75039	Purpose of Disbursement gas Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Fox Auto Group		Transaction ID: SB17.31181.21 Date of Disbursement 06 / 11 / 2007
Mailing Address 150 Robert Dann Dr.		Amount of Each Disbursement this Period 456.82
City Painted Post State NY Zip Code 14830	Purpose of Disbursement car maintenance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Sunoco		Transaction ID: SB17.31181.22 Date of Disbursement 06 / 11 / 2007
Mailing Address Tenn Penn Center 1801 Market St		Amount of Each Disbursement this Period 48.26
City Phildelphia State PA Zip Code 19103	Purpose of Disbursement gas Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Transaction ID: SB17.31181.24 Date of Disbursement 06 / 11 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 67.11
City Irving State TX Zip Code 75039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB17.31181.25 Date of Disbursement 06 / 11 / 2007
Mailing Address 821 County Rt 64		Amount of Each Disbursement this Period 25.90
City Big Flats State NY Zip Code 14903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement office supplies Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.31181.26 Date of Disbursement 06 / 11 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 36.40
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 postage Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.31181.27 Date of Disbursement 06 / 11 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 59.37
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 postage Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: SB17.31181.28 Date of Disbursement 06 / 11 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 74.84
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 postage Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.31181.32 Date of Disbursement 06 / 11 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 76.22
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 postage Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Sunoco Full Name (Last, First, Middle Initial) Mailing Address: Tenn Penn Center 1801 Market St City: Philidelphia State: PA Zip Code: 19103 Purpose of Disbursement: gas Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31181.33 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 62.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Sunoco Full Name (Last, First, Middle Initial) Mailing Address: Tenn Penn Center 1801 Market St City: Philidelphia State: PA Zip Code: 19103 Purpose of Disbursement: gas Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31181.36 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 65.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address: 133 Calkins Rd City: Rochester State: NY Zip Code: 14627 Purpose of Disbursement: office supplies Candidate Name: _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.31181.39 Date of Disbursement: M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 129.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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

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(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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Exxon Mobile		Transaction ID: SB17.31181.40 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 64.54
City Irving State TX Zip Code 75039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Exxon Mobile		Transaction ID: SB17.31181.42 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 55.65
City Irving State TX Zip Code 75039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gas Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.31181.46 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 123 First Street		Amount of Each Disbursement this Period 93.65
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 postage Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jet Blue		Transaction ID: SB17.31181.48 Date of Disbursement 06 / 11 / 2007
Mailing Address 118-29 Queens Blvd		Amount of Each Disbursement this Period 158.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Forest Hills	State NY Zip Code 11375	
Purpose of Disbursement travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Exxon Mobile		Transaction ID: SB17.31181.49 Date of Disbursement 06 / 11 / 2007
Mailing Address 5959 Las colinas Blvd		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Irving	State TX Zip Code 75039	
Purpose of Disbursement gas		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB17.31181.50 Date of Disbursement 06 / 11 / 2007
Mailing Address 821 County Rt 64		Amount of Each Disbursement this Period 114.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Big Flats	State NY Zip Code 14903	
Purpose of Disbursement office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Citibusiness Advantage Card		Transaction ID: SB17.31181.51 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 183059		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Columbus State OH Zip Code 43218		
Purpose of Disbursement finance charges Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Corning Natural Gas		Transaction ID: SB17.31166 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address 330 West William		Amount of Each Disbursement this Period 95.02 <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 gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Corning Natural Gas		Transaction ID: SB17.31176 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 330 West William		Amount of Each Disbursement this Period 66.54 <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 gas Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	161.56
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)
MASSA FOR CONGRESS

<p>A. Corning Natural Gas</p> <p>Full Name (Last, First, Middle Initial) Corning Natural Gas</p> <p>Mailing Address 330 West William</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.31184</p> <p>Date of Disbursement 06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 28.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Dealy & Silberstein</p> <p>Full Name (Last, First, Middle Initial) Dealy & Silberstein</p> <p>Mailing Address 225 Broadway Suite 1405</p> <p>City New York State NY Zip Code 10007</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.31178</p> <p>Date of Disbursement 05 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Downtown Community Television Center</p> <p>Full Name (Last, First, Middle Initial) Downtown Community Television Center</p> <p>Mailing Address 87 Lafayette St.</p> <p>City New York State NY Zip Code 10013</p> <p>Purpose of Disbursement Direct Mail</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.31158</p> <p>Date of Disbursement 06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 4055.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9083.59

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Scott Dworkin		Transaction ID: SB17.31170 Date of Disbursement 05 / 31 / 2007
Mailing Address 1743 P St. 207 Suite 201		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Strategic Consulting Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Excellus		Transaction ID: SB17.31179 Date of Disbursement 06 / 02 / 2007
Mailing Address 150 North Main Street Suite 1		Amount of Each Disbursement this Period 375.28
City Elmira State NY Zip Code 14901	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Health Insurance Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Global Pay		Transaction ID: SB17.31196 Date of Disbursement 04 / 03 / 2007
Mailing Address 322 4th St. NE		Amount of Each Disbursement this Period 50.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fee Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2425.28
TOTAL This Period (last page this line number only)	_____

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

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(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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. M & T Bank		Transaction ID: SB17.31192 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 118 North Tioga Street		Amount of Each Disbursement this Period 7.95
City Ithaca State NY Zip Code 14850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. M & T Bank		Transaction ID: SB17.31191 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 118 North Tioga Street		Amount of Each Disbursement this Period 5.00
City Ithaca State NY Zip Code 14850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. M & T Bank		Transaction ID: SB17.31193 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7
Mailing Address 118 North Tioga Street		Amount of Each Disbursement this Period 7.95
City Ithaca State NY Zip Code 14850	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement bank fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	20.90
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. M & T Bank		Transaction ID: SB17.31194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 118 North Tioga Street		Amount of Each Disbursement this Period 27.60 <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 bank fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. M & T Bank		Transaction ID: SB17.31195 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 118 North Tioga Street		Amount of Each Disbursement this Period 7.95 <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 bank fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Max Printing		Transaction ID: SB17.31157 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address 108 Eastern Ave.		Amount of Each Disbursement this Period 1365.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14604		
Purpose of Disbursement Bumper Stickers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1400.67
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Office Max		Transaction ID: SB17.31169 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 3333 West Henrietta Rd.		Amount of Each Disbursement this Period 224.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14623		
Purpose of Disbursement office supplies Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB17.31197 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 1175 John St		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Henrietta State NY Zip Code 14586		
Purpose of Disbursement payroll fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB17.31198 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1175 John St		Amount of Each Disbursement this Period 42.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Henrietta State NY Zip Code 14586		
Purpose of Disbursement payroll fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	302.49
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB17.31214 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1175 John St		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Henrietta State NY Zip Code 14586		
Purpose of Disbursement payroll fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB17.31215 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1175 John St		Amount of Each Disbursement this Period 1199.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Henrietta State NY Zip Code 14586		
Purpose of Disbursement Payroll Taxes Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jared Smith		Transaction ID: SB17.31199 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 232 Dorking Road		Amount of Each Disbursement this Period 2334.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14610		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3568.65
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Time Warner		Transaction ID: SB17.31165 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 4117-4117		Amount of Each Disbursement this Period 134.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14240	Purpose of Disbursement cable Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Time Warner		Transaction ID: SB17.31185 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 4117-4117		Amount of Each Disbursement this Period 73.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14240	Purpose of Disbursement Cable Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USAA		Transaction ID: SB17.31174 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 10750 McDermitt Fwy		Amount of Each Disbursement this Period 227.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City San Antonio State TX Zip Code 78288	Purpose of Disbursement Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	435.97
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USAA Federal Savings Bank		Transaction ID: SB17.31173 Date of Disbursement																					
Mailing Address PO Box 65020		<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>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	5		2	0	7	7														
City San Antonio	State TX	Zip Code 78288																					
Purpose of Disbursement Credit Card		Amount of Each Disbursement this Period <table border="1"> <tr> <td>168.28</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		168.28																			
168.28																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Wegman's		Transaction ID: SB17.31173.0 Date of Disbursement																					
Mailing Address 5 Bridge Street		<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>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	1		2	0	7	7														
City Corning	State NY	Zip Code 14830																					
Purpose of Disbursement catering		Amount of Each Disbursement this Period <table border="1"> <tr> <td>112.92</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		112.92																			
112.92																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB17.31173.1 Date of Disbursement																					
Mailing Address 821 County Rt 64		<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>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	7	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	1		2	0	7	7														
City Big Flats	State NY	Zip Code 14903																					
Purpose of Disbursement office supplies		Amount of Each Disbursement this Period <table border="1"> <tr> <td>55.36</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]		55.36																			
55.36																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	168.28
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USAA Federal Savings Bank		Transaction ID: SB17.31190 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 65020		Amount of Each Disbursement this Period 30.11
City San Antonio State TX Zip Code 78288	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit Card	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. USAA Federal Savings Bank		Transaction ID: SB17.31190.1 Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 65020		Amount of Each Disbursement this Period 1.40
City San Antonio State TX Zip Code 78288	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement interest	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: SB17.31156 Date of Disbursement 04 / 16 / 2007
Mailing Address 123 First Street		Amount of Each Disbursement this Period 600.00
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 postage	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	630.11
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: SB17.31186 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 123 First Street		Amount of Each Disbursement this Period 200.00 <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 postage Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.31160 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 133 Calkins Rd		Amount of Each Disbursement this Period 227.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14627		
Purpose of Disbursement phone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.31168 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7
Mailing Address 133 Calkins Rd		Amount of Each Disbursement this Period 41.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14627		
Purpose of Disbursement phone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	469.10
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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.31177 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 133 Calkins Rd		Amount of Each Disbursement this Period 263.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14627	Purpose of Disbursement phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.31182 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 133 Calkins Rd		Amount of Each Disbursement this Period 18.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14627	Purpose of Disbursement phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.31183 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 133 Calkins Rd		Amount of Each Disbursement this Period 251.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14627	Purpose of Disbursement phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	533.79
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

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)
MASSA FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.31921 Date of Disbursement
Mailing Address 133 Calkins Rd		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Rochester	State NY	Zip Code 14627
Purpose of Disbursement VOID CHECK	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="-863.59"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.31922 Date of Disbursement
Mailing Address 133 Calkins Rd		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Rochester	State NY	Zip Code 14627
Purpose of Disbursement VOID CHECK	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="-632.70"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
 MASSA FOR CONGRESS

Transaction ID: SC/10.31086

LOAN SOURCE Full Name (Last, First, Middle Initial)

ERIC JJ MASSA, - Personal funds

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 170 DELEVAN AVENUE

City CORNING State NY ZIP Code 14830

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred: M M 0 2 D D 0 1 Y Y Y Y 2 0 0 7
 Date Due: _____ Interest Rate: _____ % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional) ► 5000.00

TOTALS This Period (last page in this line only) ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 120 / 122
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

Transaction ID: SC/10.31087

LOAN SOURCE Full Name (Last, First, Middle Initial) ERIC JJ MASSA, - Personal funds	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 170 DELEVAN AVENUE	
City CORNING State NY ZIP Code 14830	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 03 D D 01 Y Y Y Y 2007		% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
MASSA FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dealy & Silberstein

Nature of Debt (Purpose):
Legal Services

Mailing Address 225 Broadway
Suite 1405

City State ZIP Code
New York NY 10007

Outstanding Balance Beginning This Period **Transaction ID: SD10.31148**
32690.13

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 5000.00 27690.13

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BEVERLY MASSA

Nature of Debt (Purpose):
Payroll-accounting services

Mailing Address 170 DELEVAN AVENUE

City State ZIP Code
CORNING NY 14830

Outstanding Balance Beginning This Period **Transaction ID: SD10.5756**
29458.35

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
9000.00 0.00 38458.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ERIC JJ MASSA

Nature of Debt (Purpose):
computer

Mailing Address 170 DELEVAN AVENUE

City State ZIP Code
CORNING NY 14830

Outstanding Balance Beginning This Period **Transaction ID: SD10.30539**
2112.62

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 2112.62

1) SUBTOTALS This Period This Page (optional).....	▶	68261.10
2) TOTALS This Period (last page this line number only).....	▶	68261.10
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Image# 27931344912

Form/Schedule: **F3A**
Transaction ID:

The Form 3Z-1 has been amended. The offset from Mullen & Associates relates to expenditures made to the vendor in October and November 2006.
