

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 6 11 17 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FRICANO FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00317230
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 4455 TRANSIT ROAD SUITE 3B & 3C		
CITY, STATE and ZIP CODE WILLIAMSVILLE, NY 14221	STATE/DISTRICT NY 27th	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding PRIMARY (Type of Election)
election on 9-10-96 in the State of NEW YORK

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07-01-96</u> through <u>08-21-96</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	99,693.00	305,436.99
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	99,693.00	305,436.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	103,340.74	190,986.41
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	103,340.74	190,986.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	116,304.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer EDWARD F. MCKEE	Date 09-04-96
Signature of Treasurer <i>Edward F. McKee</i>	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
ERICANO FOR CONGRESS	From: 07-01-96	To: 08-21-96
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	30,176.00	
(ii) Unitemized	30,617.00	
(iii) Total of contributions from individuals	60,793.00	183,536.99
(b) Political Party Committees	5,050.00	10,875.00
(c) Other Political Committees (such as PACs)	33,850.00	111,025.00
(d) The Candidate	-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) [(add 11(i)(iii), (b), (c) and (d))]	99,693.00	305,436.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	-0-	-0-
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-0-	-0-
15. OTHER RECEIPTS (Dividends, Interest, etc.)	292.25	327.14
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	99,985.25	305,764.13
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	101,511.70	186,256.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-0-	-0-
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-0-	-0-
21. OTHER DISBURSEMENTS	1,829.04	4,729.54
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	103,340.74	190,986.41
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	118,133.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	101,511.70
25. SUBTOTAL (add Line 23 and Line 24)	\$	219,644.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	103,340.74
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	116,304.17

SCHEDULE A **ITEMIZED RECEIPTS**
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedules for each category of the Detailed Summary Page

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)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAWN E. ADAMS 11 POPLAR AVE. ORCHARD PARK, NY 14127		08-05-96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD A. ALESSI 370 FRANKLIN STREET BUFFALO, NEW YORK 14202	SELF-ANTIQUE WORLD	07-12-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESSMAN Aggregate Year-to-Date > \$ 250.00	08-13-96	125.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE K. ARTHUR 154 ROEBLING AVE. BUFFALO, NEW YORK 14215		08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH J. ASHTON JR. 5 BRIDLE LANE MOUNT LAUREL, NJ 08054	UAW	07-17-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INTERNATIONAL REP. Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS R. BEECHER JR. 200 THEATER PLACE BUFFALO, NY 14202	BEECHER SECURITIES	07-02-96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$ 700.00	08-08-96	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WAYNE E. BIEGER 670 PARADISE ROAD EAST AMHERST, NY 14051	AMERICAN AXLE & MFG.	08-01-96	145.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ELECTRICIAN Aggregate Year-to-Date > \$ 520.00	08-10-96	125.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD E. BYRON 2224 BEDELL ROAD GRAND ISLAND, NY 14072		07-25-96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) **2245.00**

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

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

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NAME OF COMMITTEE (in Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHRYN M. CARTER 219 RANDWOOD DRIVE GETZVILLE, NY 14068		08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STUDENT - COLLEGE Aggregate Year-to-Date > \$ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN M. CARTER 219 RANDWOOD DRIVE GETZVILLE, NY 14068	MOBILE DIAGNOSTIC TESTING SERVICE, INC	08-13-96	125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CO-OWNER CORPORATE OFFICER Aggregate Year-to-Date > \$ 1125.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK CASA 1660 LAKE ROAD WEBSTER, NY 14580	CASA PROPERTIES	07-29-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BILLY J. CASSTEVENS 27232 WILSON DRIVE DEARBORN HTS., MI 48127		07-25-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE P. CASTELLANI 66 NORTH WOODSIDE LANE WILLIAMSVILLE, NY 14221	TOPS MARKETS	08-12-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIEF EXEC. OFFICER Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID R. CHUDY 449 COLVIN AVE. BUFFALO, NY 14216	NEW YORK STATE	08-10-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SOCIAL WORKER Aggregate Year-to-Date > \$ 325.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GILDA T. CIOTTI 1836 JASON COURT ROCHESTER HILLS, MI 48036		07-02-96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

1925.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 11
 FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN F. COLLINS 54 AGASZ CIRCLE BUFFALO, NY 14214	COLLINS, COLLINS, & KANTOR Occupation ATTORNEY	08-13-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
THOMAS P. COHERTY 6094 VERSAILLES ROAD LAKE VIEW, NY 14085	Occupation RETIRED	08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 430.00		
ELSON P. ECKLER 123 ROSS AVE. BUFFALO, NY 14207	GM POWERTRAIN Occupation SKILLED TRADESMEN	08-12-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 325.00		
GERALDINE FERRARO 218 LAFAYETTE AVE. NEW YORK, NY 10012	CNN NEWS NETWORK Occupation TV PANAELIST	08-15-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
GERRY FORNES 108 MONROE DR. WILLIAMSVILLE, NY 14221	LIPSITZ & GREEN Occupation ATTORNEY	08-13-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
JOHN E. FRIEGLER 36 IVYHURST ROAD AMHERST, NY 14226	BUFFALO GENERAL HOSPITAL Occupation CEO	07-06-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
KENNETH P. FRIEDMAN 69 ST JAMES PLACE BUFFALO, NY 14222	HODGSON & RUSS Occupation ATTORNEY	08-13-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

2750.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

MODULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedules
for each category of the
Detailed Summary Page

PAGE 4 OF 11
FOR LINE NUMBER
11(a) (1)

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARNOLD B. GARDNER 120 DELAWARE AVE. BUFFALO, NY 14202	KAVINOKY-, COOK Occupation ATTORNEY	08-13-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUZANNE T. GAVETTI 813 MITCHELL AVE MORTON, PA 19070	APRIA HEALTH CR Occupation ADMIN ASSIST.	07-17-96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE GODFRYD 132 BANNARD AVE TONAWANDA, NY 14150	GM POWERTRAIN Occupation SKILLED TRADESMEN	07-02-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR R. GOSHIN 57 NORTHINGTON DR EAST AMHERST, NY 14051	HEALTH CARE PLAN Occupation PRESIDENT	08-08-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARMINE A. GRANDE 276 MIDDLESEX ROAD BUFFALO, NY 14216	CHILDREN'S HOSPITAL Occupation ADMINISTRATOR	08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES M. GRIFFIN 55 OAK FOREST DRIVE MANCHESTER, CT 06040	UAW Occupation INTERNATIONAL REP.	07-19-96	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY GUENTHER 200 OCEAN LANE DR. APT 1105 KEY BISCAVNE, FL 33149	Occupation RETIRED	07-25-96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

2450.00

SUBTOTAL of Receipts This Page (other(s))

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedule for each category of the Detailed Summary Page

PAGE 5 OF 11
 FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full) **FRICANO FOR CONGRESS** C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAN L. HAYNES 135 DELAWARE AVE. BUFFALO, NY 14202	SELF ATTORNEY	08-12-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LELAND L. JONES 11289 CLINTON ST. ELMA, NY 14059	RETIRED	08-05-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE S. KASLEER 651 MAPLE RD. EAST AURORA, NY 14052	RETIRED	08-12-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAELANN KEEFE 8 CRISWELL CT. STERLING, VA 20165	UNITED AIRLINES RESERVATION AGENT	07-08-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JULIE KUSHNER 38 OLD RIDGEBURY ROAD DANBURY, CT 06810	UAW INTERNATIONAL REP.	07-12-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT F. LaPOINT 90 LINCOLN ST. BOWELL, NJ 07731	FORD MTR. CO. PROD. WORKER	07-17-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN LAPERLE 51 OAK FOREST DR. MANCHESTER, CT 06040	UAW INTERNATIONAL REP.	08-14-96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional) **2350.00**

TOTAL This Period (last page this line number only)

MODULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 11
 FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC L. LEWIS 104 S. BRISTOL AVE. PO BOX 209 LOCKPORT, NY 14095		08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 225.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD LIPSITZ 701 ADMIRALS WALK BUFFALO, NY 14202	SELF	08-13-96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 900.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD J. LORETTO 2186 BEDELL RD. GRAND ISLAND, NY 14072	NYNEX	08-08-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REPAIRMAN	Aggregate Year-to-Date > \$ 700.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH G. MAKOWSKI 194 HUNTINGTON AVE. BUFFALO, NY 14214	COMPUTER TASK GROUP	08-13-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN S. MCCOOEY 23 OAKLEY LANE GREENWICH, CT 06830		08-13-96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARYELLEN MCCOOEY 102 OAKLAND PLACE BUFFALO, NY 14222	FRICANO FOR CONG.	08-08-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STAFF MEMBER	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNA M. MCGUIRE 476 N. FOREST RD. WILLIAMSVILLE, NY 14221		08-03-96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

3925.00

TOTAL This Period (last page this line number only)

MODULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

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

PAGE 7 OF 11
 FOR LINE NUMBER
 11(a) (1)

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD F. MCKEE 75 HOBNAIL DR E. AMHERST, NY 14051	COLUMBUS MCKINNON	07-12-96	15.00
	ACCOUNTANT	07-31-96	175.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	FRANK B. MESIAH 78 CRESCENT AVE. BUFFALO, NY 14214	RETIRE	08-13-96
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	RICHARD W. MILLARD, Ph.D. 20 HILLOCK RD. RUSH, NY 14543	SELF	08-06-96
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PSYCHOLOGIST	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	ROBERT J. MOZER 117 C STREET SE WASHINGTON, DC 20003	MOZER, SWETNICK ESQUIRE	07-25-96
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ATTORNEY	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	MORRIS I. NEWMAN 145 NORTHINGTON DR. E. AMHERST, NY 14051	SELF	08-13-96
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PSYCHOLOGIST	Aggregate Year-to-Date > \$ 325.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	JOSEPH L. NEWTON 7939 TOWNLINE RD. APPLETON, NY 14008	RETIRE	08-16-96
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	THEODORE M. PAPPAS 9626 DUFFER WAY MARYLAND, MD 20879	MCLAUGHIN INSURANCE	08-05-96
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	OFFICER	Aggregate Year-to-Date > \$ 250.00	

2930.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 11
 FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)			
FRICANO FOR CONGRESS C00317230			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN T. PAPPAS 1725 DeSALES ST. NW STE.900 WASHINGTON, DC 20036		08-05-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIREED	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS J. PAWLIK 3 SHADYSIDE LN LANCASTER, NY 14086	AMERICAN AXLE	08-08-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SKILLED TRADESMEN	Aggregate Year-to-Date > \$ 325.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERTA PENKALSKI 80 ST. JOSEPH AVE. BUFFALO, NY 14211		08-05-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 525.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAT PERI, JR. 63 LAKEVIEW DR. GRAND ISLAND, NY 14072	SELF	08-02-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INDEP CONTRACTOR	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL F. PIETRUSZKA P.O. BOX 223 NIAGARA SQ. STATION, NY 14201	BUFFALO CITY COURT	08-12-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation JUDGE	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL RICCI 125 ST. CLAIR TERR. TONAWANDA, NY 14150	AFL/CIO	07-30-96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INSURANCE REP.	Aggregate Year-to-Date > \$ 600.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES J. SANSONE 45 HI-POINT DR. LOCKPORT, NY 14094	SELF	07-30-96	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedule for each category of the Detailed Summary Page

PAGE 9 OF 11
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full)		C00317230		
A. Full Name, Mailing Address and ZIP Code MARIA SCHIVANI 176 BRYANT BUFFALO, NY 14222		Name of Employer SELF	Date (month, day, year) 07-02-96	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation FREE-LANCE WRITER	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code PHILIP SIPSER 380 MADISON AVE. NEW YORK, NY 10017		Name of Employer SELF	Date (month, day, year) 07-29-96	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code DONALD J. SMITH 5151 DONNINGTON CLARENCE, NY 14031		Name of Employer McGUIRE GROUP	Date (month, day, year) 08-03-96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code WILLIAM T. STACHOWSKI 2030 CLINTON ST. BUFFALO, NY 14206		Name of Employer NEW YORK STATE	Date (month, day, year) 07-16-96	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SENATOR	Date (month, day, year) 08-19-96	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code DAVID J. STEINWALD 176 SUMMIT AVE. BUFFALO, NY 14214		Name of Employer ERIE COUNTY WATER AUTH.	Date (month, day, year) 08-05-96	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation EMPLOYEE RELATIONS	Aggregate Year-to-Date > \$ 325.00	
F. Full Name, Mailing Address and ZIP Code EUGENE TENNEY 42 DELAWARE SUITE 700 BUFFALO, NY 14202		Name of Employer SELF	Date (month, day, year) 08-13-96	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 375.00	
G. Full Name, Mailing Address and ZIP Code CARL THUL 930 BEAR TAVERN RD. TRENTON, NJ 08626		Name of Employer UAW	Date (month, day, year) 07-22-96	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation INTERNATIONAL REP.	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS/OTHER PERSONS

Use separate schedules for each category of the Detailed Summary Page

PAGE 10 OF 11
 FOR LINE NUMBER 11(a) (1)

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NAME OF COMMITTEE (in full)		CD0317230		
A. Full Name, Mailing Address and ZIP Code ERIC M. TROIDL 523 FRUITWOOD TERR. WILLIAMSVILLE, NY 14221		Name of Employer TROIDL OPTICAL	Date (month, day, year) 08-14-96	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation OPTICIAN	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code SOPHIA F. TROIDL 109 E. CAMPUS DR. SNYDER, NY 14226		Name of Employer RETIRED	Date (month, day, year) 08-17-96	Amount of Each Receipt this Period 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code JAMES E. WALLINE 127 SURREY RUN WILLIAMSVILLE, NY 14221		Name of Employer CARDINAL O'HARE	Date (month, day, year) 08-12-96	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PRINCIPAL	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code JANET C. WEATHERBE 27 GUINIVERE CT GETZVILLE, NY 14068		Name of Employer DELPHIA HARRISON THERMO SYSTEM	Date (month, day, year) 08-15-96	Amount of Each Receipt this Period 225.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HUMAN RESOURCE DIR	Aggregate Year-to-Date > \$ 225.00	
E. Full Name, Mailing Address and ZIP Code PHILIP A. WHEELER MDL. HADDAM RD. BOX 132 MIDDLE HADDAM, CT 06456		Name of Employer UAW	Date (month, day, year) 07-15-96	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation REGIONAL DIRECTOR 9A	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code CATHERINE G. WILLIAMS 5127 UPPER MOUNTAIN RD. LOCKPORT, NY 14094		Name of Employer HOUSEWIFE	Date (month, day, year) 07-03-96	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code THADDEUS C. ZIELINSKI 19 WELLWORTH PL. CHEEKTOWAGA, NY 14225		Name of Employer GENERAL MOTORS	Date (month, day, year) 07-16-96	Amount of Each Receipt this Period 400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation PROD. WORKER	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 2175.00

TOTAL This Period (last page this file number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF 11 11
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRAESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FRANCIS ZUCCARELLO 140 PRESIDENT ST. BROOKLYN, NY 11231	SELF	08-07-96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FILM MAKER		
	Aggregate Year-to-Date > \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PICNIC EASTBROOKE PLACE 5182 EASTBROOKE PLACE WILLIAMSVILLE, NY 14221		07-14-96	766.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		(GATE RECEIPT)
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CAPE MAY CONFERENCE GRAND HOTEL CAPE MAY, NJ		07-11-96	1,430.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		(GATE RECEIPT)
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WALK-IN CONTRIBUTIONS-CASH FRICANO CAMPAIGN HDQTRS. 4455 TRANSIT RD. WILLIAMSVILLE, NY 14221		07-20-96 08-01-96 08-08-96	680.00 380.00 55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		GATE RECEIPT
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TOM FRICANO DAY PICNIC SILVER CREEK, NY 14136		08-11-96	790.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		GATE RECEIPT
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WALK-IN CASH CONTRIBUTIONS FRICANO CAMPAIGN HDQTRS. 4455 TRANSIT RD. WILLIAMSVILLE, NY 14221		08-15-96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		(GATE RECEIPT)
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

5251.00

TOTAL This Period (last page this line number only)

30,176.00

CONTRIBUTIONS FROM PARTY COMMITTEES

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITIZENS FOR SAM HOYT 69 ST. JAMES PL. BUFFALO, NY 14222		07-03-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMMITTEE TO ELECT KEVIN M. DILLON NYS SUPREME COURT JUSTICE ELLICOTT SQ. STA. P.O. BOX 280 BUFFALO, NY 14205		08-09-96 08-13-96	125.00 125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMM. TO REELECT CHARLES PORPIGLIA DUNKIRK, NY 14048		08-11-96	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1996 ENDORSED DEM. COMM. 985 ELLICOTT SQ. BLDG. BUFFALO, NY 14203		08-13-96	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF FRANK CLARK P.O. BOX 445, N.SQ.STA. BUFFALO, NY 14201		08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 125.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF MICHAEL P. DAUMEN 148 JAMES PL BUFFALO, NY 14222		08-13-96	125.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 125.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF GDRSKI 52 PALM ST. LACKAWANNA, NY 14218		08-13-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 625.00	

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

CONTRIBUTIONS FROM PARTY COMMITTEES

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NAME OF COMMITTEE (in full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS OF ANTHONY MASIELLO 115 FRONTENAC AVE. BUFFALO, NY 14216 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 375.00	08-13-96	125.00
FRIENDS OF STEVE PIGEON 200 LAKEFRONT BLVD APT 703 BUFFALO, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 250.00	08-13-96	250.00
FRIENDS OF DAVID SWARTS P.O. BOX 1073 BUFFALO, NY 14205 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 700.00	08-13-96	500.00
FOR ME ITS JACKIE H. BOOSTER CLUB 25 SATTINWOOD CHEEKTOWAGA, NY 14225 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 125.00	08-15-96	125.00
ABRAMS COMMITTEE 11 EAST 86th ST. NEW YORK, NY 10028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	08-16-96	1,000.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			5,050.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BROTHERHOOD OF LOCOMOTIVE ENGRS 1370 ONTARIO STREET CLEVELAND, OH 44113		7-03-96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED FOOD & COMMERCIAL WKERS INT'L UNION, AFL-CIO CLC 1775 K ST., N.W. WASH, DC 20006		7-11-96	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHEET METAL WORKERS' INT'L ASSOC PAC-1750 NEW YORK AVE, N.W. WASHINGTON, D.C. 20006		7-15-96 7-15-96	2,000.00 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OPPENHEIMER CAPITAL PAC 200 LIBERTY ST. OPPENHEIMER TR. NEW YORK, NY 10281		7-15-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INTL BROTHERHOOD OF ELEC. WORKERS C.O.P.E. 1125 15TH. STREET, N.W. WASHINGTON, D.C. 20005		7-16-96 8-06-96 8-19-96	200.00 1,000.00 2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED ASSOC POLITICAL ED. COMM. 901 MASSACHUSETTS AVE, N.W. WASHINGTON, D.C. 20001		7-19-96	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SERVICE EMPLOYEES INT'L. UNION C.O.P.E. FUND P.C.C 1313 L STREET, N.W. WASH, DC 20005		7-20-96	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

12,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRICANO FOR CONGRESS

000317230

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN FEDERATION OF TEACHERS C.O.P.E. 555 NEW JERSEY AVE. N.W. WASHINGTON, D.C. 20001		7-23-96	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DRIVE POLITICAL FUND, AFF WITH BROTHERHOOD OF TEAMSTERS 25 LOUISIANA AVE, N.W. WASHINGTON, D.C. 20001		8-02-96	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRANSPORTATION POLITICAL ACTION 14600 DETROIT AVE. CLEVELAND, OH 44107		8-08-96	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASSOC. OF FLIGHT ATTENDANTS' PAC 1625 MASSACHUSETTS AVE, N.W. WASHINGTON, D.C. 20036		8-12-96	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CWA COPE, P.C.C 501 3RD. ST. WASHINGTON, D.C. 20001		8-13-96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$5,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MACHINIST NON-PARTISAN POLITICAL 9000 MACHINIST PLACE UPPER MARLBORO PL. MD 20772	LEAGUE	8-13-96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASBESTOS WORKERS POLITICAL PAC 1776 MASSACHUSETTS AVE WASHINGTON, D.C. 20036		8-17-96	200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			16,450.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER
11(c)

CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

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NAME OF COMMITTEE (in Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code
UAW COMMITTEE FOR GOOD GOVERNMENT
8000 E. JEFFERSON AVE.
DETROIT, MI 48214

Name of Employer

Occupation

Date (month, day, year)
8-16-96

Amount of Each Receipt this Period
5,000.00

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$8,500.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: Primary General
 Other (specify):

Aggregate Year-to-Date > \$

5,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

33,850.00

SCHEDULE B

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

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

PAGE 1 OF 8
FOR LINE NUMBER 17

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)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A C L CONSULTING CONTRACT SVCS. ELLCOTT SQ. BLDG. SUITE 1024 BUFFALO, NY 14203	CREATE FILES & MAIL LISTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-18-96	2,434.85
A C L CONSULTING CONTRACT SVCS. ELLCOTT SQ. BLDG. SUITE 1024 BUFFALO, NY 14203	RETAINER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-11-96	500.00
A T & T P O BOX 371302 PITTSBURGH, PA 15250	LONG DISTANCE CALLS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-26-96	259.29
A C L CONSULTING CONTRACT SVCS. ELLCOTT SQ. BLDG. SUITE 1024 BUFFALO, NY 14203	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-01-96	1,000.00
ADVANTAGE COMMUNICATIONS INC. 209 MIDDLESEX RD. BUFFALO, NY 14212	QTRLY RENT-VOICE MAIL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-05-96	48.60
AL TAYLOR 29 LIBERTY ST. WARSAW, NY 14569	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-12-96 08-21-96	400.00 400.00
AYESHA HASSAN 25 VERPLANK ST. GENEVA, NY. 14456	CONSULTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-01-96	600.00
BRIARCLIFF ASSOC. LP 4805 TRANSIT RD. DEPEW, NY 14043	APT. RENT - JULY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-01-96	515.00
BUFFALO TELEPHONE CO. P O BOX 4050 BUFFALO, NY 14240	CELLULAR PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-09-96	53.57

SUBTOTAL of Disbursements This Page (optional)

6211.31

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BUSINESS METHODS, INC. DEPT 514, P O BOX 8000 BUFFALO, NY 14267	COPIER RENTAL	07-25-96	108.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08-20-96	162.00
	<input type="checkbox"/> Other (specify)	07-25-96	54.00
B. Full Name, Mailing Address and ZIP Code BUSINESS FIRST 472 DELAWARE AVE. BUFFALO, NY 14202	Purpose of Disbursement SUBSCRIPTION	Date (month, day, year) 07-01-96	Amount of Each Disbursement This Period 59.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code CELLULAR ONE P O BOX 4050 BUFFALO, NY 14240	Purpose of Disbursement CELLULAR PHONE	Date (month, day, year) 07-02-96	Amount of Each Disbursement This Period 64.79
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code CLARENCE DEMOCRATIC COMM. 5340 SHIMERVILLE RD. CLARENCE, NY 14031	Purpose of Disbursement AD	Date (month, day, year) 07-13-96	Amount of Each Disbursement This Period 20.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code D & D PRINTING 1728 CLINTON ST. BUFFALO, NY 14206	Purpose of Disbursement LETTER HEAD, BUMPER	Date (month, day, year) 08-02-96	Amount of Each Disbursement This Period 2,209.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code DOROTHY EGAN 7 PALMYRA ST. SHORTSVILLE, NY 14548	Purpose of Disbursement EXP. REIMB.	Date (month, day, year) 08-13-96	Amount of Each Disbursement This Period 105.77
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code EDWARD F. MCKEE 75 HOBNAIL DR. E. AMHERST, NY 14051	Purpose of Disbursement POSTAGE & AUTO	Date (month, day, year) 07-15-96	Amount of Each Disbursement This Period 55.14
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code EDWARD SIERACKI 959 WALDEN AVE. BUFFALO, NY 14211	Purpose of Disbursement CAMERA MAN	Date (month, day, year) 08-05-96	Amount of Each Disbursement This Period 90.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code F. R. M. G. - SCOTT GALE 501 CAPITAL CT., NE- SUITE 200 WASHINGTON, DC 20002	Purpose of Disbursement CONSULTING FEE	Date (month, day, year) 07-16-96	Amount of Each Disbursement This Period 2,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

5428.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

Use separate schedule(s)
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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRANKLIN'S DEPEW 2116 GEORGE URBAN BLVD. DEPEW, NY 14043	PRINT WORK	07-05-96	58.32
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	07-13-96	79.92
	<input type="checkbox"/> Other (specify)	07-26-96	350.45
FRANKLIN'S DEPEW 2116 GEORGE URBAN BLVD. DEPEW, NY 14043	PRINT WORK	08-13-96	861.03
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
FUND RAISING MG'T GROUP 501 CAPITAL CT;NE SUITE 200 WASHINGTON, DC 20002	AUG. FEE & EXPENSES	08-16-96	3,694.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
GATES CHILI NEWS, INC. 2361 CHILI AVE. ROCHESTER, NY 14624	SUBSCRIPTION	07-05-96	19.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
GLOBAL STRATEGY GROUP 611 BROADWAY SUITE 206 NEW YORK, NY 10012	BENCHMARK POLL	07-28-96	6,175.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
HILLSTAR PROMOTIONS, INC. 4400 MANOR LN. HAMBURG, NY 14075	HATS, SHIRTS, DECALS	08-14-96	1,872.11
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	07-02-96	2,627.12
	<input type="checkbox"/> Other (specify)	07-26-96	753.43
HYGRADE DISTRIBUTORS 574 MAIN ST. TONAWANDA, NY 14150	PAPER SUPPLIES	08-08-96	239.76
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
JACK CUMMINGS P O BOX 321 EAST AURORA, NY	PHOTOS	07-17-96	780.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
JEFFREY W. MOOR CPU BOX 274735 ROCHESTER, NY 14627	CONSULTING	07-20-96	600.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

18,110.24

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

Use separate schedule(s)
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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

CD0317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOE SLADE WHITE & CO. 916 DELAWARE AVE., SUITE 4-J BUFFALO, NY	JUN-JUL FEE & MISC. EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-15-96	7,515.22
LOUISE CROLLE PROSPECT RD. FORESTVILLE, NY 14062	SILVER CREEK EXP. REIMB. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-13-96	239.34
M & R STRATEGIC SERVICES 25 WEST 43rd. ST. SUITE 1202 NEW YORK, NY 10036	OPP. RESEACH FINAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-15-96	5,000.00
M & R STRATEGIC SERVICES 25 WEST 43rd. ST. SUITE 1202 NEW YORK, NY 10036	JULY FEE AUGUST FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-01-96 08-05-96	6,250.00 6,250.00
M & R STRATEGIC SERVICES 25 WEST 43rd. ST SUITE 1202 NEW YORK, NY 10036	TRAVEL-OTHER EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-15-96	847.75
NYNEX P O BOX 1100 ALBANY, NY 12250	INSTALLATION, DEPOSIT PHONE EXPENCES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-03-96 07-19-96 07-25-96	1,278.74 132.71 167.02
NYNEX P O BOX 1100 ALBANY, NY 12250	PHONE EXPENCES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-06-96 08-06-96 08-20-96	900.00 225.00 40.08
NYNEX P O BOX 1100 ALBANY, NY 12250	PHONE EXPENCES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-01-96 08-20-96	303.86 253.38
NYNEX P.O. BOX 1100 SENEVA, NY	DEPOSIT & L-D. CALLS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-12-96 08-12-96	600.00 30.00

SUBTOTAL of Disbursements This Page (optional)

30,033.10

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NYNEX P.O. BOX 1100 GENEVA, NY	INSTALLATION MONTHLY BILL	08-12-96	211.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-12-96	64.97
NYS ELECTRIC & GAS ITHICA, NY 14852	UTILITY BILL	07-02-96	32.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
NYSEG P O BOX 5550 ITHICA, NY 14852	INSTALLATION-BILL	08-01-96	31.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	07-18-96	3.96
	<input type="checkbox"/> Other (specify)	08-13-96	100.00
OFFICE MAX DEPT. 58 P.O. BOX 182378 COLUMBIA, OHIO 43128	EQUIP.-SUPPLIES	08-05-96	1,097.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
PAGE NEW YORK P.O. BOX 16806 NEWARK, NJ 07101	7 LEASED PAGERS	08-08-96	258.12
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
ROBERT A. WRIGHT 35 LIND AVE. WEST SENECA, NY 14224	ART WORK	08-08-96	45.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-05-96	375.00
ROCHESTER GAS & ELECTRIC 89 EAST AVE ROCHESTER, NY 14649	WARSAW HDQTRS UTIL.	08-08-96	12.72
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SAVAGE PRINTING 1291 MAIN ST. BUFFALO, NY 14209	BROCHURES	07-19-96	814.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
STEVE KRAMER 4805 TRANSIT RD. DEPEW, NY 14043	REIMB. TRAVEL, VOL & POSTAGE	07-13-96	168.87
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	07-17-96	65.00
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

3281.75

TOTAL This Period (last page this line number only)

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

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NAME OF COMMITTEE (In Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STEVE KRAMER 4805 TRANSIT RD. DEPEW, NY 14043	REIMB. TRAVEL, OFFICE	07-03-96	300.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-08-96	196.87
B. Full Name, Mailing Address and ZIP Code SUBURBAN LOCK & KEY SVC. 5245 TRANSIT RD. WILLIAMSVILLE, NY 14221	CHANGE LOCKS AT HQTRS	07-20-96	125.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code TERRIS & JAYE 400 MONTGOMERY SUITE 900 SAN FRANCISCO, CA 44104	BROCHURES	08-09-96	6,077.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code THE BROOKHILL GROUP 501 MADISON AVE NEW YORK, NY 10022	RENT-HQTRS	07-01-96	2,200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-01-96	2,200.00
E. Full Name, Mailing Address and ZIP Code THOMAS M. FRICANO 5182 EASTBROOKE PLACE WILLIAMSVILLE, NY 14221	DECORATIONS AND OFFICE SUPPLIES	07-05-96	362.02
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code TIM CLARK P.O. BOX 969 WEST SENECA, NY 14224	PETTY CASH	07-20-96	300.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code TOM ACOSTA 750 COLUMBUS AVE. NEW YORK, NY 10025	OFFICE EQUIPMENT	07-01-96	2,300.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code U S POSTMASTER 1200 WILLIAM ST. BUFFALO, NY 14240	POSTAGE	07-27-96	1,980.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-20-96	192.00
		07-03-96	96.00
I. Full Name, Mailing Address and ZIP Code US POSTMASTER 1200 WILLIAM ST. BUFFALO, NY 14240	POSTAGE	07-12-96	136.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-22-96	140.40

SUBTOTAL of Disbursements This Page (optional)

16,606.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

Use separate schedule(s)
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FOR LINE NUMBER
17

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)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WAGONER PHOTOGRAPHY 465 PORTERVILLE RD. EAST AURORA, NY 14052	CINEMATOGRAPHER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-17-96	723.60
B. Full Name, Mailing Address and ZIP Code WEST SENECA PRINTING 860 CENTER RD. WEST SENECA, NY 14224	BROCHURES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-15-96	738.72
C. Full Name, Mailing Address and ZIP Code MICHAEL J. BEENY 125 UNION RD. WEST SENECA, NY 14224	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-07-96 08-21-96	1,200.00 500.00
D. Full Name, Mailing Address and ZIP Code TIMOTHY M. CLARK P.O. BOX 969 WEST SENECA, NY 14224	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-07-96 08-21-96	2,000.00 2,000.00
E. Full Name, Mailing Address and ZIP Code DOROTHY EGAN 7 PALMYRA ST. SHORTSVILLE, NY 14548	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-21-96	900.00
F. Full Name, Mailing Address and ZIP Code KATHLEEN C. HOCHUL 4521 COPPERFIELD DR. HAMBURG, NY 14075	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-24-96 08-07-96 08-21-96	1,800.00 1,275.00 1,275.00
G. Full Name, Mailing Address and ZIP Code STEVEN D. KRAMER 4805 TRANSIT RD. DEPEW, NY 14043	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-10-96 07-24-96	2,000.00 2,000.00
H. Full Name, Mailing Address and ZIP Code SUSAN A. MIRANDA 81 RUTLAND ST BUFFALO, NY 14220	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-21-96	400.00
I. Full Name, Mailing Address and ZIP Code JEFFREY W. MOOR 136 NORTH 2nd STREET ALLEGANY, NY 14706	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-07-96 08-21-96	300.00 300.00

SUBTOTAL of Disbursements This Page (optional)

17,412.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS
OPERATING EXPENDITURES

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

PAGE 8 OF 8
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

FRICANO FOR CONGRESS

C00317230

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-21-96	Amount of Each Disbursement This Period 1,500.00
B. Full Name, Mailing Address and ZIP Code JENIFER L. STOCK 5 FLORA ROAD CHEEKTOWAGA, NY 14225	Purpose of Disbursement PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-21-96	Amount of Each Disbursement This Period 300.00
C. Full Name, Mailing Address and ZIP Code JAMES E. WALLINE, JR. 127 SURRY RUN WILLIAMSVILLE, NY 14221	Purpose of Disbursement PAYROLL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-07-96 8-21-96	Amount of Each Disbursement This Period 200.00 200.00
D. Full Name, Mailing Address and ZIP Code PAYROLL PLUS 6653 MAIN STREET WILLIAMSVILLE, NY 14221	Purpose of Disbursement PAYROLL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7-10 THRU 8-21-96	Amount of Each Disbursement This Period 2,228.28
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

4,428.28

TOTAL This Period (last page this line number only)

101,511.70

