

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 109

(check only one)

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

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NAME OF COMMITTEE (In Full)

Bill Manger for Congress, Inc.

Full Name (Last, First, Middle Initial) A. Georgia Kontogiannis		Date of Receipt M / D / Y 09 / 30 / 2004	
Mailing Address 12 Woodfield Lane		Transaction ID: 41015.C2121	
City Glen Head	State NY	Zip Code 11545-	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Information Requested Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) B. Elise Korman		Date of Receipt M / D / Y 09 / 01 / 2004	
Mailing Address P.O. Box 802		Transaction ID: 0901200430C1829	
City Moorestown	State NJ	Zip Code 08057-	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Information Requested Receipt For: 2004 X Primary General Other (specify) ▼	Occupation Physician Election Cycle-to-Date ▼ 350.00		
Full Name (Last, First, Middle Initial) C. Bernard Krupinski		Date of Receipt M / D / Y 09 / 07 / 2004	
Mailing Address P.O. Box 1470		Transaction ID: 0915200427C1875	
City Amagansett	State NY	Zip Code 11930-	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer Information Requested Receipt For: 2004 X Primary General Other (specify) ▼	Occupation Owner Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶

3250.00

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