



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Samara for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	76073.05	497002.03
(b) Total Contribution Refunds (from Line 20(d)).....	250.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	75823.05	496652.03
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	95623.61	200770.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95623.61	200770.37
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>294472.46</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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  
Samara for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	0	4

**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).....

53375.01

295031.56

(ii) Unitemized.....

10223.04

82755.47

(iii) TOTAL of contributions

63598.05

377787.03

from individuals..... ▶

5600.00

10000.00

(b) Political Party Committees.....

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

6875.00

109215.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

76073.05

497002.03

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

0.00

50.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

46.14

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

76073.05

497098.17

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	95623.61	200770.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	250.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	350.00
21. OTHER DISBURSEMENTS.....	0.00	1587.80
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	95873.61	202708.17

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	314273.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	76073.05
25. SUBTOTAL (add Line 23 and Line 24).....	390346.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95873.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	294472.46

**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 5 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan M. Andersen

Mailing Address 1 Washington Sq. Village, 4N

City State Zip Code  
New York NY 10012

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

Name of Employer Occupation  
NYU Professor

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID: C2374**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Aaron Anderson

Mailing Address 967 South Glenora Road

City State Zip Code  
Dundee NY 14837

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

Name of Employer Occupation  
US Army Soldier

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
225.00

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

**Transaction ID: C2089**

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. William M. Apfelbaum

Mailing Address 143 Byram Shore Road

City State Zip Code  
Greenwich CT 06830

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

Name of Employer Occupation  
Air America Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID: C2048**

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) ..... ► **1700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Alexis Azria</b>		Date of Receipt MM / DD / YYYY 10 / 12 / 2004
Mailing Address 20 Sutton Place South		<b>Transaction ID: C2382</b>
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Action Against Hunger	Occupation Executive Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Rita S Balian</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2004
Mailing Address 1300 Crystal Drive Suite 1505		<b>Transaction ID: C2094</b>
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
Name of Employer Not Employed	Occupation Not Employed	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Harold Barend</b>		Date of Receipt MM / DD / YYYY 10 / 09 / 2004
Mailing Address 901 Imperial Woods Dr.		<b>Transaction ID: C2333</b>
City Vestal	State NY	Zip Code 13850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Federal Government	Occupation Construction Analyst	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Steven Beede Mailing Address 98 Riverside Drive, 2D City State Zip Code New York NY 10024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 <b>Transaction ID: C2331</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Proskover Rose Attorney Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Judy Berkowitz Mailing Address 15 Dolma Road City State Zip Code Scarsdale NY 10583 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 <b>Transaction ID: C2313</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Jarby Inc. President, Resident Buying Office Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jewelle W. Bickford Mailing Address 969 Fifth Avenue City State Zip Code New York NY 10021 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 <b>Transaction ID: C2700</b> 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 Rothschild VP Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jill Braufman

Mailing Address 10 Gracie Sq.

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID: C2067**

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Donna G. Carpenter

Mailing Address PO Box 566

City State Zip Code  
Moscow VT 05662

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

Name of Employer Occupation  
Burton Snowboards VP

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID: C2399**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 427 Upper Samsonville Road

City State Zip Code  
New Paltz NY 12561

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

Name of Employer Occupation  
Self PR

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1750.00

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

**Transaction ID: C2073**

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

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

Mailing Address 427 Upper Samsonville Road

City State Zip Code  
New Paltz NY 12561

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

Name of Employer Self Occupation PR

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

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

**Transaction ID: C2380**

Amount of Each Receipt this Period  
1500.00

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

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

Mailing Address 205 East 63rd Street

City State Zip Code  
New York NY 10021

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

Name of Employer Lenox Hill Hospital Occupation Physician

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID: C2400**

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Charash

Mailing Address 205 East 63rd Street

City State Zip Code  
New York NY 10021

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

**Transaction ID: C2703**

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) ..... ► **4500.00**

**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: <span style="float: right;">PAGE 10 / 46</span> (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)  
**Samara for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Ida S. Cole Mailing Address 105 W. Highland Drive #200 City State Zip Code Seattle WA 98119 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Investor Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 <b>Transaction ID: C2312</b> 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)
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<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Helen Adams Cook Mailing Address 207 East 74th Street, Apt 6F City State Zip Code New York NY 10021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 <b>Transaction ID: C2376</b> Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Mary Ann Crotty Mailing Address 5 Penn Plaza 17th Floor City State Zip Code New York NY 10001 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Parsons Occupation Infrastructure Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4 <b>Transaction ID: C2316</b> Amount of Each Receipt this Period 1500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2700.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Margaret L. Edelman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 4	
Mailing Address 105 Duane St. Apt. 33H		<b>Transaction ID: C2308</b>	
City State Zip Code New York NY 10007		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nina Lannan Associates	Occupation Theatrical General Management		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Martin Lee Edelman</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 75 E. 55th ST.		<b>Transaction ID: C2324</b>	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Mr. Lloyd Eisenberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4	
Mailing Address 3015 Bellmore Avenue		<b>Transaction ID: C2071</b>	
City State Zip Code Bellmore NY 11710		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self	Occupation Attorney		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Barbara Fife</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 25 Central Park West		<b>Transaction ID: C2322</b>	
City State Zip Code New York NY 10023		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Baruch College	Occupation Administrator		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. Ms. Jessica Fisher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 351 East 51st Street, #15C		<b>Transaction ID: C2321</b>	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation Homemaker		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Richard L. Fisher</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 605 Third Avenue		<b>Transaction ID: C2307</b>	
City State Zip Code New York NY 10158		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fisher Brothers	Occupation Real Estate		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Winston Fisher		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4	
Mailing Address 351 East 51st Street, #15C		<b>Transaction ID:</b> C2306	
City State Zip Code New York NY 10022		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Fisher Brothers Real Estate			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Emily Giske		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 95 Horatio Street, Apt 333		<b>Transaction ID:</b> C1937	
City State Zip Code New York NY 10014		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Bolton-St Johns Inc Consultant			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Stanley P. Gold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 4444 Lakeside Drive, Suite 350		<b>Transaction ID:</b> C2323	
City State Zip Code Burbank CA 91505		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Shamrock Holdings CEO			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Howard L. Goldberg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 4	
Mailing Address 501 E. 79th St. Apt 9F		<b>Transaction ID: C2317</b>	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Michael B. Golden</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4	
Mailing Address 728 W. Jackson		<b>Transaction ID: C2385</b>	
City State Zip Code Chicago IL 60661		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Ms. Nancy Green</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 845 U.N. Plaza		<b>Transaction ID: C2309</b>	
City State Zip Code New York NY 10017		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> 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 15 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ms. Judith B. Grunberg

Mailing Address 83 Silvernail Road

City State Zip Code  
Valatie NY 12184

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

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

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

**Transaction ID: C1938**

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald E. Harper

Mailing Address 1285 Avenue of the Americas

City State Zip Code  
New York NY 10019

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

Name of Employer Paul, Weiss, Rifkind, Wharton, and Occupation Lawyer

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID: C1995**

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Paula Hawkins

Mailing Address 334 West 86th Street

City State Zip Code  
New York NY 10024

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

Name of Employer Auburn Theological Seminary Occupation Fundraiser

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

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

**Transaction ID: C1939**

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Jenny Holzer Mailing Address 80 Hewitts Road City Hoosick Falls State NY Zip Code 12090 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4 <b>Transaction ID: C2381</b> 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 Self Occupation Artist Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ms. May K. Houghton Mailing Address c/o The Field 2649B Spencer Hill Road City Corning State NY Zip Code 14830 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4 <b>Transaction ID: C1942</b> 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 None Occupation Volunteer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Edele Hovnanian Mailing Address 400 Route 66 City Tinton Falls State NJ Zip Code 07753 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 4 <b>Transaction ID: C2405</b> 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 Menk Corp Occupation Real Estate Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Alice Jarcho		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 130 East 75th Street		<b>Transaction ID:</b> C2318	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired Occupation Retired			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Patricia A. Kenner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 720 Park Avenue		<b>Transaction ID:</b> C2336	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Business Owner			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Denise King		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4	
Mailing Address 12 Mill St.		<b>Transaction ID:</b> C1947	
City State Zip Code Chatham NY 12037		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Chatham Central School District Occupation Teacher			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3100.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Mr. Thomas A. Kleewein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 6118 Churchwood Lane		Transaction ID: C1919
City State Zip Code Greendale WI 53129	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation LaMacchia Enterprises Inc. Project Manager		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Mr. Doug Kreeger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4
Mailing Address 665 Milton Road		Transaction ID: C1991
City State Zip Code Rye NY 10580	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Air America Executive		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Alison Lankenau		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4
Mailing Address 20 West 86th Street, NO. 10A		Transaction ID: C2078
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation The Parkside School Educational Administrator, Consultant		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

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

Mailing Address 131 Mt. Auburn Street

City State Zip Code  
Cambridge MA 02138

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

Name of Employer Lee Family Foundation Occupation Philanthropist

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

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

Transaction ID: C2410

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy Marks

Mailing Address 21 Oakmont Drive

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer None Occupation None

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C2341

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sally Minard

Mailing Address 133 East 62nd St

City State Zip Code  
New York NY 10021

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

Name of Employer DNC Occupation Womens Leadership Forum, Chair

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: C2304

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Jean Minskoff Grant		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 4	
Mailing Address 55 Stratford Road		<b>Transaction ID:</b> C2072	
City State Zip Code Harrison NY 10528	Amount of Each Receipt this Period 1500.00		
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 Realtor	Election Cycle-to-Date 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2004 Election Cycle-to-Date 1500.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Meredith Palmer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4	
Mailing Address 40 East 94th Street, 22D		<b>Transaction ID:</b> C2412	
City State Zip Code Ny NY 10128	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 Meredith Palmer Gallery Occupation Art Dealer	Election Cycle-to-Date 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2004 Election Cycle-to-Date 1000.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Bruce A. Pfeffer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 4	
Mailing Address 9 Old Post Road		<b>Transaction ID:</b> C2045	
City State Zip Code Fairport NY 14450	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 Bausch and Lomb Occupation Scientist	Election Cycle-to-Date 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2004 Election Cycle-to-Date 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Alison H. Pratt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 4	
Mailing Address 540 Park Avenue		Transaction ID: C1954	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Kerry/Edwards Victory 2004 Fundraiser			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Ms. Julie Ratner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 4	
Mailing Address 95 Ely Brook to Hands Creek Road		Transaction ID: C2314	
City State Zip Code East Hampton NY 11927		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self Executive Director			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. Joshua Rockoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4	
Mailing Address 70 Battery Place Suite 819		Transaction ID: C2736	
City State Zip Code New York NY 10280		Amount of Each Receipt this Period 1950.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Strike Eagle Graphics President			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3880.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3200.00
<b>TOTAL</b> 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 22 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott L. Shleifer

Mailing Address One Union Square South Apt 14M

City State Zip Code  
New York NY 10003

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

Name of Employer Occupation  
Tiger Technology Finance

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

2000.00

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

Transaction ID: C2332

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Iris Shokoff

Mailing Address 330 West 58th Street

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Self Advertising

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

1000.00

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

Transaction ID: C2315

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)  
Mr. Benjamin W. Shoval

Mailing Address 235 West 56th St.

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Shoval Support Services Investment Advisory Services

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

2050.00

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

Transaction ID: C2394

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) ..... ► **4500.00**

**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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Harper Sibley Mailing Address 3109 Grand Avenue City Miami State FL Zip Code 33133 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: C1984 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	4	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	4		2	0	0	4														
500.00																							
Name of Employer Valentine's Occupation Hotelier Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Victoria Smith Mailing Address 1160 Park Avenue City New York State NY Zip Code 10128 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: C2378 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	0	4	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	3		2	0	0	4														
500.00																							
Name of Employer Retired Occupation Retired Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey Soref Mailing Address 7 Gramercy Park West City New York State NY Zip Code 10003 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: C2083 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	4	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		0	6		2	0	0	4														
500.00																							
Name of Employer Self Occupation Investor Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																				
500.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Susan Thomases</b>		Date of Receipt MM / DD / YYYY 10 / 13 / 2004
Mailing Address 929 Park Avenue		<b>Transaction ID: C2377</b>
City State Zip Code New York NY 10028	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Retired	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Judith B. Wagner</b>		Date of Receipt MM / DD / YYYY 10 / 01 / 2004
Mailing Address 3200 Cherry Creek South Dr. Suite 240		<b>Transaction ID: C2638</b>
City State Zip Code Denver CO 80209	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00
Name of Employer Wagner Investment Management, Inc.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Paul C Williams</b>		Date of Receipt MM / DD / YYYY 10 / 05 / 2004
Mailing Address 1630 Sheridan Road		<b>Transaction ID: C2415</b>
City State Zip Code Wilmette IL 60091	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Nuveen Investments	Occupation Vice President and Manager	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

A. Full Name (Last, First, Middle Initial) Ms. Marie C. Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 4	
Mailing Address 5 E. 22nd St. 29-D		Transaction ID: C2015	
City State Zip Code New York NY 10010		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation White House Project President			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

B. Full Name (Last, First, Middle Initial) Mr. Brett A. Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 4	
Mailing Address 22 River Terrace, 12P		Transaction ID: C2417	
City State Zip Code New York NY 10282		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 RBC Capital Markets Securities Analyst			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Bob Conason		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4	
Mailing Address 80 Pine Street		Transaction ID: C3161	
City State Zip Code New York NY 10005		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 Gair, Gair, Conason, Steigman & Ma Attorney		Election Cycle-to-Date ▼ 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 26 / 46</span>
	(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)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen Connor

Mailing Address 255 Gessner

City State Zip Code  
Houston TX 77024

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

Name of Employer Occupation  
None None

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID: C2567A**

Amount of Each Receipt this Period  
2000.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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

Name of Employer Occupation  
Conduit total: \$5,841.03

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

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

**Transaction ID: C2567AB**

Amount of Each Receipt this Period  
2000.00

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

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

**C.** Full Name (Last, First, Middle Initial)  
Gair, Gair, Conason, Steigman & Mackauf

Mailing Address 80 Pine Street

City State Zip Code  
New York NY 10005

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

**Transaction ID: C3160**

Amount of Each Receipt this Period  
250.00

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

PARTNERSHIP--partners below if itemized

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> 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 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

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

Mailing Address 69 Naples Rd.

City State Zip Code  
Brookline MA 02446

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

Name of Employer Occupation  
Cytonome CEO

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.01

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

Transaction ID: C2557A

Amount of Each Receipt this Period  
1000.00

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

\* Earmarked Contribution:  
See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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

Name of Employer Occupation  
Conduit total: \$5,841.03

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

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

Transaction ID: C2557AB

Amount of Each Receipt this Period  
1000.00

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

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

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dagmar Nearpass

Mailing Address 5638 East Lake Road

City State Zip Code  
Romulus NY 14541

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

Name of Employer Occupation  
DeSales High School teacher

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.07

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

Transaction ID: C2558A

Amount of Each Receipt this Period  
25.01

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

\* Earmarked Contribution:  
See Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1025.01
<b>TOTAL</b> 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 28 / 46
	(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)  
Samara for Congress

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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

Name of Employer Occupation  
Conduit total: \$5,841.03

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

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

Transaction ID: C2558AB

Amount of Each Receipt this Period  
25.01

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	53375.01

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 46
	(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)  
Samara for Congress

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

Mailing Address c/o Steven McNamara  
302 Fairway Avenue

City Elmira State NY Zip Code 14904

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

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

Transaction ID: C2340

Amount of Each Receipt this Period  
600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hon. Denny Farrell

Mailing Address 60 Madison Avenue, Suite 1201

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00143230

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

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

Transaction ID: C2423

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5600.00

**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 30 / 46
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. AMERICAN FEDERATION OF MUSICIANS - TEMPO POLITICAL</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 4
Mailing Address 1501 BROADWAY SUITE 600 PARAMOUNT BUILDING		<b>Transaction ID: C2016</b>
City NEW YORK State NY Zip Code 10036	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b> C00073627	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>B. JEAN BORDEWICH FOR CONGRESS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 4
Mailing Address PO BOX 655		<b>Transaction ID: C1963</b>
City RED HOOD State NY Zip Code 12571	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b> C00338160	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 175.00	

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE FOR LEADERSHIP AND PROGRESS</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 4
Mailing Address PO BOX 31107		<b>Transaction ID: C2343</b>
City BETHESDA State MD Zip Code 20824	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00366666	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1375.00</b>
<b>TOTAL</b> 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 31 / 46  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
FEMINIST MAJORITY PAC

Mailing Address 1600 WILSON BLVD SUITE 801

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00377168

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** C2641

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)  
IUPAT MEMBER AND FAMILY FUNDRAISING PC ACCOUNT

Mailing Address 1750 New York Ave

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00349035

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

**Transaction ID:** C2422

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

Mailing Address 122 C STREET NW SUITE 650

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00003558

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

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

**Transaction ID:** C2342

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) ..... ► **3500.00**

**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 32 / 46
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Samara for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ORGANIZATION FOR WOMEN PAC

Mailing Address 733 15th Street NW  
Second Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00092247

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: C2345

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)  
RHODE ISLAND POLITICAL ACTION COMMITTEE (RIPAC) IN

Mailing Address 400 C Street NE, Suite 201

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00307991

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: C2344

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	6875.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A. Samara Barend</b> Full Name (Last, First, Middle Initial) Mailing Address 142 Washington Street City Corning State NY Zip Code 14830 Purpose of Disbursement Reimbursement - Travel Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D357</b> Date of Disbursement 10 / 03 / 2004 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
--	--	---

<b>B. Natalie M Commons</b> Full Name (Last, First, Middle Initial) Mailing Address 87 W Third St City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D331</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 542.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. David Brown and Associates</b> Full Name (Last, First, Middle Initial) Mailing Address 2507 North Vernon Street City Arlington State VA Zip Code 22207 Purpose of Disbursement TV Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D369</b> Date of Disbursement 10 / 05 / 2004 Amount of Each Disbursement this Period 31488.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>32258.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A. Dulac, LCC</b> Full Name (Last, First, Middle Initial) Mailing Address 62 Overbrook Rd. City Painted Post State NY Zip Code 14870 Purpose of Disbursement Rent Second St Candidate Name		<b>Transaction ID: D343</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>B. Andrew Famiglietti</b> Full Name (Last, First, Middle Initial) Mailing Address 317A Brand Street City Elmira State NY Zip Code 14904 Purpose of Disbursement Printing Candidate Name		<b>Transaction ID: D340</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 10.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>C. Allyson Giard</b> Full Name (Last, First, Middle Initial) Mailing Address 59 East Second St. City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name		<b>Transaction ID: D330</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 1226.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1837.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<p><b>A. Allyson Giard</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 59 East Second St.</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement Reimbursement - Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID: D339</b></p> <p>Date of Disbursement</p> <p>10 / 01 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>695.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 001</p>		

<p><b>B. Allyson Giard</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 59 East Second St.</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement Reimbursement - Travel Expenses</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><b>Transaction ID: D356</b></p> <p>Date of Disbursement</p> <p>10 / 03 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>37.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 002</p>		

<p><b>C. GMT Strategies</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1715 East Michigan Avenue</p> <p>City Lansing State MI Zip Code 48912</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</p> <p>State: District:</p>		<p><b>Transaction ID: D373</b></p> <p>Date of Disbursement</p> <p>10 / 11 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>13831.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2004</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 006</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>14564.99</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A. Peter J Hackeman</b> Full Name (Last, First, Middle Initial) Mailing Address 5 East Market Street City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D334</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 1729.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Ms. Julie Hudman</b> Full Name (Last, First, Middle Initial) Mailing Address 204 Sunrise Road City Ithaca State NY Zip Code 14850 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D329</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 1226.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>C. Mr. Chris M. Jaun</b> Full Name (Last, First, Middle Initial) Mailing Address 187 Tumbleweed Drive City Pittsford State NY Zip Code 14534 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D328</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 459.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3416.10</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 46

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Jet Blue</b>		<b>Transaction ID: D309</b> Date of Disbursement 10 / 01 / 2004
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 90.60
City Salt Lake City      State UT      Zip Code 84117-7435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transportation Expense		002 Category/ Type
Candidate Name		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:      District:	

Full Name (Last, First, Middle Initial) <b>B. Jet Blue</b>		<b>Transaction ID: D310</b> Date of Disbursement 10 / 01 / 2004
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 105.60
City Salt Lake City      State UT      Zip Code 84117-7435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transportation Expense		002 Category/ Type
Candidate Name		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:      District:	

Full Name (Last, First, Middle Initial) <b>C. Jet Blue</b>		<b>Transaction ID: D308</b> Date of Disbursement 10 / 10 / 2004
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 105.60
City Salt Lake City      State UT      Zip Code 84117-7435	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Transportation Expense		002 Category/ Type
Candidate Name		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:      District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	301.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Lake Snell Perry and Associates</b>		<b>Transaction ID: D323</b> Date of Disbursement 10 / 03 / 2004
Mailing Address 1726 M St., NW, Suite 500		Amount of Each Disbursement this Period 18560.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036	Purpose of Disbursement Poll Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nextel</b>		<b>Transaction ID: D353</b> Date of Disbursement 10 / 03 / 2004
Mailing Address P.O. Box 4192		Amount of Each Disbursement this Period 195.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60197	Purpose of Disbursement Phone Bill Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NGP Software Inc.</b>		<b>Transaction ID: D347</b> Date of Disbursement 10 / 03 / 2004
Mailing Address 5505 Connecticut ave PMB 277		Amount of Each Disbursement this Period 2750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20015	Purpose of Disbursement Software Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	21505.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Ray Anthony Printing</b>		<b>Transaction ID: D348</b> Date of Disbursement 10 / 03 / 2004
Mailing Address 413 W. Waters Ave.		Amount of Each Disbursement this Period 422.83
City Tampa State FL Zip Code 33604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mr. Joshua Rockoff</b>		<b>Transaction ID: D371</b> Date of Disbursement 10 / 01 / 2004
Mailing Address 70 Battery Place Suite 819		Amount of Each Disbursement this Period 1950.00
City New York State NY Zip Code 10280	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Web Design, Consulting Fees Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	* in-kind received

Full Name (Last, First, Middle Initial) <b>C. Alejandro Savransky</b>		<b>Transaction ID: D327</b> Date of Disbursement 10 / 01 / 2004
Mailing Address 2810 N 46th Ave Apt F456		Amount of Each Disbursement this Period 623.03
City Hollywood State FL Zip Code 33021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2995.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A. Alejandro Savransky</b> Full Name (Last, First, Middle Initial) Mailing Address 2810 N 46th Ave Apt F456 City Hollywood State FL Zip Code 33021 Purpose of Disbursement Reimbursement - Travel Expense Candidate Name		<b>Transaction ID: D355</b> Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 101.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002

<b>B. Alejandro Savransky</b> Full Name (Last, First, Middle Initial) Mailing Address 2810 N 46th Ave Apt F456 City Hollywood State FL Zip Code 33021 Purpose of Disbursement Reimbursement - Office Supplies Candidate Name		<b>Transaction ID: D354</b> Date of Disbursement 10 / 03 / 2004 Amount of Each Disbursement this Period 26.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>C. Mr. Jason Shelly</b> Full Name (Last, First, Middle Initial) Mailing Address 6 Watchman Ct. City Rochester State NY Zip Code 14624 Purpose of Disbursement Salary Candidate Name		<b>Transaction ID: D336</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 1226.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1354.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A. Mr. Jonah M. Siegellak</b> Full Name (Last, First, Middle Initial) Mailing Address 59 Second St. City Corning State NY Zip Code 14830 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D338</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 4091.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address 821 Country Route 64 City Big Flats State NY Zip Code 14814 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D260</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 59.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address 821 Country Route 64 City Big Flats State NY Zip Code 14814 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<b>Transaction ID: D261</b> Date of Disbursement 10 / 02 / 2004 Amount of Each Disbursement this Period 5.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4156.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		<b>Transaction ID: D258</b> Date of Disbursement 10 / 06 / 2004
Mailing Address 821 Country Route 64		Amount of Each Disbursement this Period 56.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Big Flats State NY Zip Code 14814	001 Category/Type	
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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Flex Company of America</b>		<b>Transaction ID: D341</b> Date of Disbursement 10 / 01 / 2004
Mailing Address PO BOX 1470		Amount of Each Disbursement this Period 565.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brookfield State WI Zip Code 53008-1470	001 Category/Type	
Purpose of Disbursement Insurance Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tranvania</b>		<b>Transaction ID: D275</b> Date of Disbursement 10 / 08 / 2004
Mailing Address 16-20 West 19th Street, 10th floor		Amount of Each Disbursement this Period 45.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10011	001 Category/Type	
Purpose of Disbursement Credit Card Processing Fees Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>667.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

<b>A. Tranvania</b> Full Name (Last, First, Middle Initial) Mailing Address 16-20 West 19th Street, 10th floor City New York State NY Zip Code 10011 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D276</b> Date of Disbursement 10 / 13 / 2004 Amount of Each Disbursement this Period 97.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Unimail</b> Full Name (Last, First, Middle Initial) Mailing Address 655 Pullman Avenue City Rochester State NY Zip Code 14615 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D324</b> Date of Disbursement 10 / 12 / 2004 Amount of Each Disbursement this Period 9540.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. USPS</b> Full Name (Last, First, Middle Initial) Mailing Address Corning Post Office 48 Denison Parkway 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: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D254</b> Date of Disbursement 10 / 01 / 2004 Amount of Each Disbursement this Period 222.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9860.36

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		<b>Transaction ID: D251</b> Date of Disbursement 10 / 07 / 2004
Mailing Address Corning Post Office 48 Denison Parkway		Amount of Each Disbursement this Period 1.29
City Corning State NY Zip Code 14830	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		<b>Transaction ID: D250</b> Date of Disbursement 10 / 13 / 2004
Mailing Address Corning Post Office 48 Denison Parkway		Amount of Each Disbursement this Period .60
City Corning State NY Zip Code 14830	Purpose of Disbursement Postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID: D342</b> Date of Disbursement 10 / 01 / 2004
Mailing Address PO Box 110		Amount of Each Disbursement this Period 719.91
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement Phone Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	721.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

Full Name (Last, First, Middle Initial) <b>A. Mr. Donald C. Weigel, Jr.</b>		<b>Transaction ID: D333</b> Date of Disbursement 10 / 01 / 2004	
Mailing Address 7910 Michael Road		Amount of Each Disbursement this Period 32.80	
City Orchard Park State NY Zip Code 14127	Purpose of Disbursement Reimbursement - Travel Expenses Candidate Name	002 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 State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Donald C. Weigel, Jr.</b>		<b>Transaction ID: D332</b> Date of Disbursement 10 / 01 / 2004	
Mailing Address 7910 Michael Road		Amount of Each Disbursement this Period 858.08	
City Orchard Park State NY Zip Code 14127	Purpose of Disbursement Salary Candidate Name	001 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 State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

890.88

**TOTAL** This Period (last page this line number only) .....

94530.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Samara for Congress

A. Full Name (Last, First, Middle Initial)  
Mr. Benjamin W. Shoval

Mailing Address 235 West 56th St.

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Refund to Individual

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2004  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D372  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional) .....

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