

7 Lily Pond Lane
Pittsford, NY 14534
July 7, 2004

RECEIVED
FEDERAL ELECTION
COMMISSION
OFFICE OF GENERAL
COUNSEL
2004 JUL -9 P 1:49

Office of the General Counsel
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Dear Sirs,

I am writing to lodge a formal complaint against one of my former opponents in the Republican primary campaign in New York's 29th Congressional District. The specifics of the complaint are as follows:

- 1) On April 12, 2004, Bill Nojay filed a Form 2 "Statement of Candidacy" with the FEC in which he stated that he intended to expend zero personal funds on his election campaign. In the Form 3 "Report of Receipts and Disbursements" his campaign filed on June 28, 2004, his campaign committee indicated that Mr. Nojay had contributed or loaned a total of \$333,365.95 of personal funds to his campaign. The first \$6,174 of those funds was contributed on April 12, 2004, the very day that Mr. Nojay signed his FEC Form 2 indicating that he intended to expend zero personal dollars.
- 2) In a mass mailing postmarked May 1, 2004 (a copy of which is enclosed) Mr. Nojay indicated that he had raised \$338,191 from a total of 515 separate and distinct contributors. His June 28, 2004 FEC Form 3 only lists himself and 5 other donors.
- 3) In addition, the same mailer noted in #2 above lists Mr. Nojay's contribution total as of May 14, 2004 while failing to disclose that the contribution totals of his three opponents were as of March 31, 2004.

Should you have any questions about the above noted issues, I can be reached at either (585) 385-6974 (home) or (585) 721-8918 (cell) or by e-mail at tuxford@rochester.rr.com.

Sincerely,



Geoffrey Rosenberger

2511920152

24038373521

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
FEDERAL
REGISTRATION CENTER
2004 APR 10 12 02 34

1. (a) Name of Candidate (in full)
BILL NOJAY

(b) Address (number and street) Direct address changed
37 WOOD STONE KLEB

(c) City, State, and ZIP Code
PITTSFORD NY 14534

2. Identification Number

3. Is This Statement New (N) OR Amended (A)

4. Party Affiliation **REPUBLICAN** 5. Office Sought **US HOUSE** 6. State & District of Candidate **NY 26**

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
FRIENDS OF BILL NOJAY

(b) Address (number and street)
171 JULY 2 TRAIL

(c) City, State, and ZIP Code
PITTSFORD NY 14534

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidate.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 4010.6) by

9A for the primary election, and

9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0 00" for each.

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

Signature of Candidate **[Signature]** Date **4/12/04**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §637g.

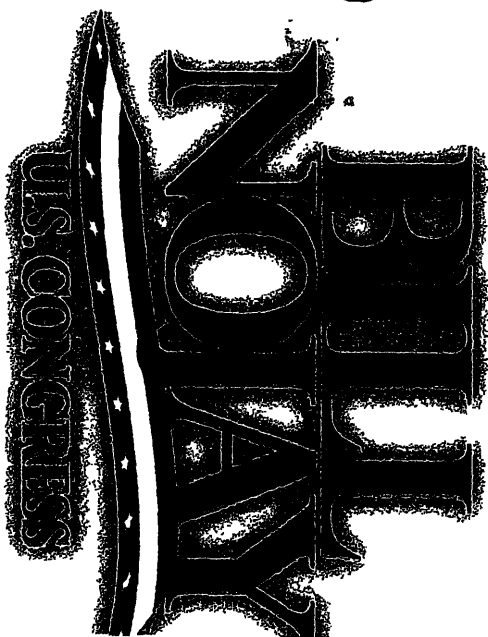
--	--	--	--	--	--	--	--	--	--

FEDRMBX POF

FEC FORM 2 (NOV 2003)

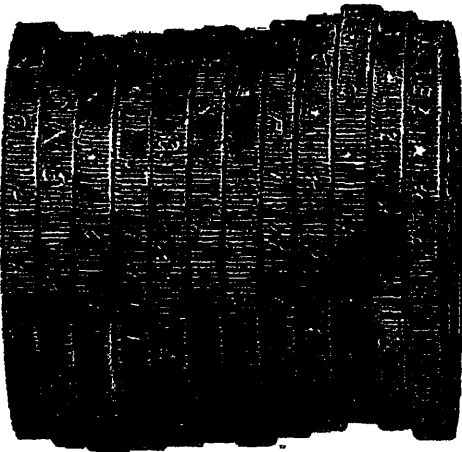
25199261122

Whose got the funds to win?



Not only does Bill Nojay lead in the polls, he's also the leader in money needed to win. Total from individuals, candidate contributions and loans and political action committees as of May 14 as reported by candidate or reports filed with FEC.

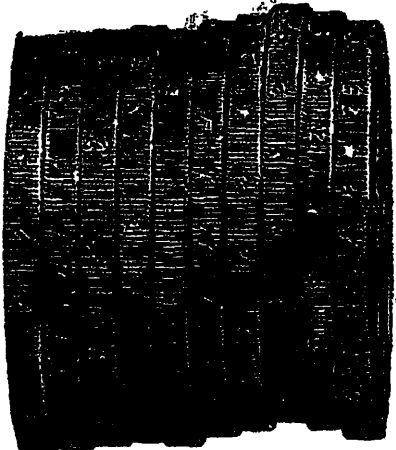
\$338,191



Nojay

515 contributors

\$325,000



Rosenberger

1 contributor

\$31,260



Assini

286* contributors
*Estimated from reports filed with FEC

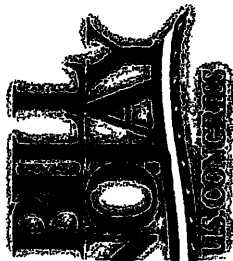
None reported



Smith

Meet Bill at the Delegates Buffet Reception 1 hour before the convention at Logan's Party House. Relax, meet Bill Nojay, enjoy hors d'oeuvres and buffet, and ask any questions. Need a ride? Call Bill at 880-015 for round trip transportation for Delegate

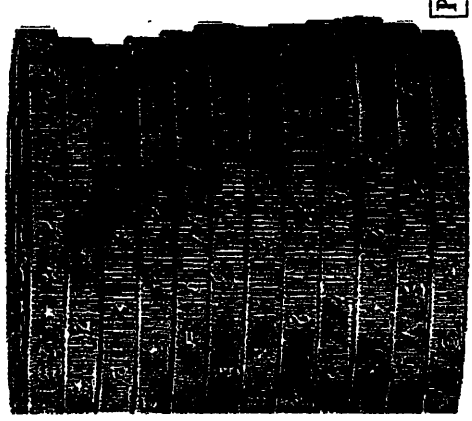
25190261124



171 Sully's Trail
Pittsford, NY 14534

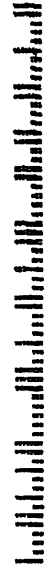


*no's got the funds
to win?*



Paid for by Friends of Bill Nojay.

1961813406 21



FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

Friends of Bill Nojay

ADDRESS (number and street) 171 Sully's Trail
Check if different than previously reported. (ACC) Pittsford NY 14534

2. FEC IDENTIFICATION NUMBER C00398378
3. IS THIS REPORT x NEW (N) OR AMENDED (A)
STATE NY DISTRICT 29

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE)
(b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12B)
(c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)
x Termination Report (TER)

5. Covering Period 04 01 2004 through 06 30 2004

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

Type or Print Name of Treasurer Ms Eileen Semmler

Signature of Treasurer Electronically Filed by Ms Eileen Semmler Date 06 28 2004

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

25190201125

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Name or Type Committee Name

Friends of Bill Noyes

Report Covering the Period: From: M M D D Y Y Y Y Tax: Y M D D Y Y Y Y
0 4 0 1 2 0 0 4 0 6 3 0 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a)).....	50126.41	50126.41
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	50126.41	50126.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	82232.45	82232.45
(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)).....	82232.45	82232.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).	0.00	

For further information contact:

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

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

25190261126

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Bill Nojey

Report Covering the Period: From: ^{M M} 0 4 ^{L J} 0 1 ^{Y C Y} 2 0 0 4 To: ^{M M} 0 8 ^{L J} 3 0 ^{Y C 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	4250.00	
(i) Itemized (use Schedule A).....	12137.00	
(ii) Unitemized.....	16387.00	16387.00
(ii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACS).....	33739.41	33739.41
(d) The Candidate.....	50126.41	50126.41
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	300000.00	300000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	300000.00	300000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	350126.41	350126.41

25190261127

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	82232.45	82232.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	267893.96	267893.96
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	267893.96	267893.96
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	350126.41	350126.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	350126.41
25. SUBTOTAL (add Line 23 and Line 24).....	350126.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	350126.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

25190261128

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

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

FOR LINE NUMBER: PAGE 5/16
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12		13a		13b		14					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)
Friends of Bill Nojay

Full Name (Last, First, Middle Initial) A. Mary H. Doyle, Esq.		Date of Receipt 05 12 2004	
Mailing Address 210 Brunswick Street		Transaction ID: SA11A1.4104	
City Rochester	State NY	Zip Code 14607	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer New York State	Occupation Attorney	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. R. Wayne LeChase		Date of Receipt 05 17 2004	
Mailing Address 420 Windward Shores Drive		Transaction ID: SA11A1.4106	
City Webster	State NY	Zip Code 14580	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer LaChase Construction	Occupation Contractor	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kay Nagaj		Date of Receipt 05 11 2004	
Mailing Address 1888 Clover Street		Transaction ID: SA11A1.4100	
City Rochester	State NY	Zip Code 14618	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer	Occupation Retired	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

25190261129

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

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Bill Nojay

Full Name (Last, First, Middle Initial) A. Mr. William K. Palock		Date of Receipt M M / U U / Y Y Y Y 04 / 20 / 2004
Mailing Address 4154 Parker Rd		Transaction ID: SA11A1.4098
City Hunt	State NY	Zip Code 14846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Optimization Technology, Inc. Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-(1))

Full Name (Last, First, Middle Initial) B. Mr. Donald C. Swartz		Date of Receipt M M / U U / Y Y Y Y 05 / 11 / 2004
Mailing Address 10 Woodrose Dr		Transaction ID: SA11A1.4102
City Webster	State NY	Zip Code 14580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Airport Transmission Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-(1))

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	●	4250.00

25190261130

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

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

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Bill Nojay

A. Full Name (Last, First, Middle Initial) BILL NOJAY Mailing Address 37 WOOD STONE RISE City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C Name of Employer Hiscock & Barclay LLP Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ X Primary General Other (specify) ▼ 5667.35		Date of Receipt 04 12 2004 Transaction ID: SA11D.4124 Amount of Each Receipt this Period 5667.35 In-kind - Postage to Phoenix Graphics Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
B. Full Name (Last, First, Middle Initial) BILL NOJAY Mailing Address 37 WOOD STONE RISE City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C Name of Employer Hiscock & Barclay LLP Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ X Primary General Other (specify) ▼ 8178.13		Date of Receipt 04 12 2004 Transaction ID: SA11D.4127 Amount of Each Receipt this Period 508.76 In-kind - Photocopying to Kinko's Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
C. Full Name (Last, First, Middle Initial) BILL NOJAY Mailing Address 57 WOOD STONE RISE City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C Name of Employer Hiscock & Barclay LLP Occupation Attorney Receipt For: 2004 Election Cycle-to-Date ▼ X Primary General Other (specify) ▼ 62365.85		Date of Receipt 04 23 2004 Transaction ID: SA11D.4129 Amount of Each Receipt this Period 6189.82 In-kind - Postage to Phoenix Graphics Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
SUBTOTAL of Receipts This Page (optional) ▶		12365.95
TOTAL This Period (last page this line number only) ▶		

25190281121

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

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

FOR LINE NUMBER: PAGE 8/16

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
Friends of Bill Nojey

Full Name (Last, First, Middle Initial) A. BILL NOJAY		Date of Receipt 05 / 14 / 2004
Mailing Address 37 WOOD STONE RISE		Transaction ID: SA11D.4191
City PITTSFORD	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21000.00
Name of Employer Hiscock & Barclay LLP	Occupation Attorney	In-kind - Printing to Phoenix Graphics Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 83365.95	

Full Name (Last, First, Middle Initial) B. BILL NOJAY		Date of Receipt 05 / 20 / 2004
Mailing Address 37 WOOD STONE RISE		Transaction ID: SA11D.4193
City PITTSFORD	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 373.46
Name of Employer Hiscock & Barclay LLP	Occupation Attorney	In-kind - Photocopying to Kinko's Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(A-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 333739.41	

SUBTOTAL of Receipts This Page (optional)	21973.46
TOTAL This Period (last page this line number only)	33739.41

20040920

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 0 / 16

(check only one)

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

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NAME OF COMMITTEE (In Full)
 Friends of Bill Nojay

Full Name (Last, First, Middle Initial) A. BILL NOJAY		Date of Receipt 04 12 2004
Mailing Address 37 WOOD STONE RISE		Transaction ID: SA15A.4160
City PITTSFORD	State NY	Amount of Each Receipt this Period 50000.00
Zip Code 14534		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Hiscock & Barclay LLP	Occupation Attorney Election Cycle-to-Date 56176 13	
Receipt For: 2004 X Primary General Other (specify)		

Full Name (Last, First, Middle Initial) B. BILL NOJAY		Date of Receipt 05 17 2004
Mailing Address 37 WOOD STONE RISE		Transaction ID: SA15A 4136
City PITTSFORD	State NY	Amount of Each Receipt this Period 250000.00
Zip Code 14534		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Hiscock & Barclay LLP	Occupation Attorney Election Cycle-to-Date 333365.95	
Receipt For: 2004 X Primary General Other (specify)		

SUBTOTAL of Receipts This Page (optional)	▶	300000.00
TOTAL This Period (last page this line number only)	▶	300000.00

2519026112

**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 10/16

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

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NAME OF COMMITTEE (In Full)
Friends of Bill Nojey

A. Air Affair

Full Name (Last, First, Middle Initial)
Mailing Address 20 S Main St

City Churchville State NY Zip Code 14428

Purpose of Disbursement
Balloons

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

007
Category/
Type

Transaction ID: SB17.4142
Date of Disbursement
06 / 01 / 2004

Amount of Each Disbursement this Period
239.50

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

B. Bonadio & Co., LLP

Full Name (Last, First, Middle Initial)
Mailing Address 171 Sully's Trail

City Pittsford State NY Zip Code 14534

Purpose of Disbursement
Professional fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.4150
Date of Disbursement
08 / 01 / 2004

Amount of Each Disbursement this Period
800.00

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

C. Bonadio & Co., LLP

Full Name (Last, First, Middle Initial)
Mailing Address 171 Sully's Trail

City Pittsford State NY Zip Code 14534

Purpose of Disbursement
professional fees

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.4155
Date of Disbursement
08 / 09 / 2004

Amount of Each Disbursement this Period
4000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

5039.50

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

25190261134

**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 11 / 16

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

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

NAME OF COMMITTEE (in Full)
Friends of Bill Nojey

A. Frontline Advertising

Full Name (Last, First, Middle Initial)
Mailing Address 890 Westfall Rd
Suite C

City Rochester State NY Zip Code 14618

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB17.4144
Date of Disbursement 06 / 01 / 2004

Amount of Each Disbursement this Period 24884.18

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

B. ITX Corp

Full Name (Last, First, Middle Initial)
Mailing Address 1168 Pittsford-Victor Rd
Suite 10D

City Pittsford State NY Zip Code 14534

Purpose of Disbursement Website design

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB17.4148
Date of Disbursement 08 / 01 / 2004

Amount of Each Disbursement this Period 5647.50

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

C. Kolpien & Assoc.

Full Name (Last, First, Middle Initial)
Mailing Address 100 West Market St
Suite 201

City Corning State NY Zip Code 14830

Purpose of Disbursement Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: SB17.4148
Date of Disbursement 08 / 01 / 2004

Amount of Each Disbursement this Period 12858.30

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

SUBTOTAL of Disbursements This Page (optional) ▶ 43387.98

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

2519026112

**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 12 / 16

<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)
Friends of Bill Nojay

Full Name (Last, First, Middle Initial)

A. BILL NOJAY

Mailing Address 37 WOOD STONE RISE

City Pittsford State NY Zip Code 14534

Purpose of Disbursement
In-kind - Postage to Phoenix Graphics
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: NY District: 29
Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: SB17.4128
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

5887.35

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

Full Name (Last, First, Middle Initial)

B. BILL NOJAY

Mailing Address 37 WOOD STONE RISE

City Pittsford State NY Zip Code 14534

Purpose of Disbursement
In-kind - Photocopying to Kirko's
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: NY District: 29
Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: SB17.4128
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

508.78

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

Full Name (Last, First, Middle Initial)

C. BILL NOJAY

Mailing Address 37 WOOD STONE RISE

City Pittsford State NY Zip Code 14534

Purpose of Disbursement
In-kind - Postage to Phoenix Graphics
Candidate Name

003
Category/
Type

Office Sought: House Senate President
State: NY District: 29
Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: SB17.4130
Date of Disbursement

04 / 23 / 2004

Amount of Each Disbursement this Period

8189.82

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

SUBTOTAL of Disbursements This Page (optional) ▶

12365.95

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

25190261136

**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 14 / 16

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" 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)
Friends of Bill Nojay

A. Full Name (Last, First, Middle Initial)
BILL NOJAY

Mailing Address **37 WOOD STONE RISE**

City **PITTSFORD** State **NY** Zip Code **14534**

Purpose of Disbursement
loan repayment

Candidate Name

Office Sought: House Senate President
State: **NY** District **28**

Disbursement For:
Primary General
Other (specify) ▼

Transaction ID: **SB19A.4158**
Date of Disbursement
06 / 08 / 2004

Amount of Each Disbursement this Period
25000.00

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

B. Full Name (Last, First, Middle Initial)
BILL NOJAY

Mailing Address **37 WOOD STONE RISE**

City **PITTSFORD** State **NY** Zip Code **14534**

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: **NY** District **28**

Disbursement For:
Primary General
Other (specify) ▼

Transaction ID: **SB19A.4170**
Date of Disbursement
08 / 24 / 2004

Amount of Each Disbursement this Period
17893.96

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

SUBTOTAL of Disbursements This Page (optional)	267893.96
TOTAL This Period (last page this line number only)	267893.96

2519026123

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
Friends of Bill Nojay

Transaction ID: SC10.4188

LOAN SOURCE Full Name (Last, First, Middle Initial) BILL NOJAY, - Personal funds		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 37 WOOD STONE RISE		
City PITTSFORD	State NY	ZIP Code 14534
Original Amount of Loan 50000.00	Cumulative Payment To Date 17893.98	Balance Outstanding at Close of This Period 0.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
04	12	2004	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source			Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address					Occupation
City	State	ZIP Code			Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)					Name of Employer
Mailing Address					Occupation
City	State	ZIP Code			Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)					Name of Employer
Mailing Address					Occupation
City	State	ZIP Code			Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)					Name of Employer
Mailing Address					Occupation
City	State	ZIP Code			Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

25190261120

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 16 / 16
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Bill Nojay

Transaction ID: SC10.4138

LOAN SOURCE Full Name (Last, First, Middle Initial) BILL NOJAY, - Personal funds	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 37 WOOD STONE RISE	
City PITTSFORD State NY ZIP Code 14534	
Original Amount of Loan 250000.00	Cumulative Payment To Date 250000.00
Balance Outstanding at Close of This Period 0.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
M 5	17	2004	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	0.00
TOTALS This Period (last page in this line only)	▶	0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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