

# 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 105 / 190
	<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)  
Reynolds For Congress

**A.** Full Name (Last, First, Middle Initial)  
Douglas Patti

Mailing Address 333 E. Main St

City Attica State NY Zip Code 14011

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

Name of Employer Town of Attica Occupation Supervisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: 61010.C24486

Amount of Each Receipt this Period  
 150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Gino Pazzaglini

Mailing Address Seton Health System  
1400 Massachusetts Ave

City Troy State NY Zip Code 12180

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

Name of Employer Seton Health System Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 61010.C24615

Amount of Each Receipt this Period  
 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Barbara B. Pelosi

Mailing Address 516 Sagewood Ter.

City Buffalo State NY Zip Code 14221-3942

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

Name of Employer Amherst Public Library Occupation Clerk

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 1 5 / 2 0 0 6

Transaction ID: 61010.C24450

Amount of Each Receipt this Period  
 150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

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