

**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

Diana Irey for Congress

ADDRESS (number and street)
▼

126 Diane Drive

☒Check if different
than previously
reported. (ACC)

Monogahela

PA

15063

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00421503

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

PA

12

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)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

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

Beth DePretis

Signature of Treasurer

Electronically Filed by Beth DePretis

Date

02

26

2007

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Diana Irey for Congress

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 6

	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(e)).....	249783.47	555271.25
(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)).....	249783.47	555271.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	259993.01	406398.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	653.96	653.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	259339.05	405744.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	157292.44	
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Diana Irey for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

102353.19

263872.10

(ii) Unitemized.....

134480.28

272049.15

(iii) TOTAL of contributions

236833.47

535921.25

from individuals..... ▶

250.00

250.00

(b) Political Party Committees.....

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

12700.00

19100.00

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

249783.47

555271.25

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

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

7117.12

7117.12

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.).....

653.96

653.96

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

592.50

648.38

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

258147.05

563690.71

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.....	259993.01	406398.27
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.....	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
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	259993.01	406398.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	159138.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	258147.05
25. SUBTOTAL (add Line 23 and Line 24).....	417285.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	259993.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	157292.44

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

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

FOR LINE NUMBER: PAGE 5 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 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)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Richard Alberti
Mailing Address 113 Saint Tropez Circle

City State Zip Code
Beaver Falls PA 15010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

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 8 / 0 2 / 2 0 0 6

Transaction ID: 61012.C1152

Amount of Each Receipt this Period

500.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
David Allender
Mailing Address 198 Babbitt Road

City State Zip Code
Bedford Hills NY 10507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scholastic

Occupation
Editor

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 61012.C1170

Amount of Each Receipt this Period

100.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
David Allender
Mailing Address 198 Babbitt Road

City State Zip Code
Bedford Hills NY 10507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scholastic

Occupation
Editor

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 61012.C1171

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

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 6 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Javadi Alvi

Mailing Address 114 W Chevalier Ct

City State Zip Code
 Eighty Four PA 15330

FEC ID number of contributing
federal political committee.

C

Name of Employer
GeoMechanics

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 61012.C2435

Amount of Each Receipt this Period

1000.00

Receipt

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

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

Louis Andy

Mailing Address 450 Race Track Rd.

City State Zip Code
 Washington PA 15301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polycon

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 150.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 6

Transaction ID: 61012.C1811

Amount of Each Receipt this Period

150.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Louis Andy

Mailing Address 450 Race Track Rd.

City State Zip Code
 Washington PA 15301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Polycon

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 650.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 6

Transaction ID: 61012.C1812

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1650.00

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 7 / 173

(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)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Frank Arcuri Mailing Address 90 W Chestnut St City State Zip Code Washington PA 15301 FEC ID number of contributing federal political committee. C Name of Employer Peters Town Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">250.00</div>	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 Transaction ID: 61012.C1096 Amount of Each Receipt this Period <div style="text-align: right;">250.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Bob Asher Mailing Address 1307 Township Line Rd City State Zip Code Gwynedd Valley PA 19437 FEC ID number of contributing federal political committee. C Name of Employer Asher Chocolates Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">1000.00</div>	Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: 61012.C2374 Amount of Each Receipt this Period <div style="text-align: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Barbara Bahorik Mailing Address 918 Allie Buck Rd. City State Zip Code Nanty Glo PA 15943 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">2100.00</div>	Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 2 / 2 0 0 6 Transaction ID: 70115.C9622 Amount of Each Receipt this Period <div style="text-align: right;">2100.00</div> Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)**1250.00****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 8 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
John Bahorik
Mailing Address 918 Allie Buck Rd.

City State Zip Code
Nanty Glo PA 15943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn Metal Fabricators

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: 61012.C110

Amount of Each Receipt this Period

4200.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
John Bahorik
Mailing Address 918 Allie Buck Rd.

City State Zip Code
Nanty Glo PA 15943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn Metal Fabricators

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: 70115.C9621

Amount of Each Receipt this Period

-2100.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
Malcolm Barrett
Mailing Address 2054 Old Kettle Drive

City State Zip Code
Prescott AZ 86305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

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 8 / 0 1 / 2 0 0 6

Transaction ID: 61012.C1125

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

4700.00

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 9 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Joe Barron
Mailing Address 55 E Buffalo Church Rd

City State Zip Code
Washington PA 15301

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 2 / 2 0 0 6

Transaction ID: 61012.C1097

Amount of Each Receipt this Period

250.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Bruce Bartolotta
Mailing Address 127 Crestview Manor

City State Zip Code
Monogahela PA 15063

FEC ID number of contributing federal political committee.

C

Name of Employer
Giant EagleOccupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 8 / 2 0 0 6

Transaction ID: 61012.C139

Amount of Each Receipt this Period

400.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Betty Bazant
Mailing Address 968 Weirich Ave

City State Zip Code
Washington PA 15301-2450

FEC ID number of contributing federal political committee.

C

Name of Employer
n/aOccupation
Retired

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1254.19

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 6

Transaction ID: 61012.C3135

Amount of Each Receipt this Period

1254.19

In-Kind

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

1st class airfare

SUBTOTAL of Receipts This Page (optional) ▶

1904.19

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 10 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Bob Becker

Mailing Address 1500 Oliver Building

City State Zip Code
Pittsburgh PA 15222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: 61012.C1105

Amount of Each Receipt this Period

500.00

Receipt

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

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

Bill Beitler

Mailing Address 45 Munce Rd.

City State Zip Code
Washington PA 15301

FEC ID number of contributing
federal political committee.

C

Name of Employer
WJ Beitler

Occupation
Executive

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 4 / 2 0 0 6

Transaction ID: 61012.C59

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Kent Bennett

Mailing Address 249 Broad St

City State Zip Code
Montoursville PA 17754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 9 / 2 0 0 6

Transaction ID: 61012.C1039

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1600.00

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 11 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Kent Bennett

Mailing Address 249 Broad St

City State Zip Code
 Montoursville PA 17754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 6

Transaction ID: 61012.C1040

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)

Bob Best

Mailing Address 8015 Lincoln Way East

City State Zip Code
 Jeannette PA 15644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 6 / 2 0 0 6

Transaction ID: 61012.C1099

Amount of Each Receipt this Period

250.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Paul Black

Mailing Address 159A Grant Ave

City State Zip Code
 Vandergrift PA 15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 61012.C1047

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

500.00

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 12 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Paul Black

Mailing Address 159A Grant Ave

City State Zip Code
 Vandergrift PA 15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 5 / 2 0 0 6

Transaction ID: 61012.C1048

Amount of Each Receipt this Period

100.00

Receipt

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

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

Paul Black

Mailing Address 159A Grant Ave

City State Zip Code
 Vandergrift PA 15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: 61012.C1049

Amount of Each Receipt this Period

100.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Bob Bluming

Mailing Address 1200 Koppers building

City State Zip Code
 Pittsburgh PA 15219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bluming and Gusky

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 2 / 2 0 0 6

Transaction ID: 61012.C2259

Amount of Each Receipt this Period

400.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

600.00

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 13 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Ray Bologna

Mailing Address P.O. Box 127

City State Zip Code
Burgettstown PA 15021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

09 / 27 / 2006

Transaction ID: 61012.C2376

Amount of Each Receipt this Period

1000.00

Receipt

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

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

John Bonya

Mailing Address 134 S 6th St

City State Zip Code
Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

08 / 30 / 2006

Transaction ID: 61012.C1104

Amount of Each Receipt this Period

250.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Matt Braynard

Mailing Address 1226 N. Vernon Street

City State Zip Code
Arlington VA 22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braynard Group, Inc

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

09 / 20 / 2006

Transaction ID: 61012.C2633

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

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 14 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Charles Brazil

Mailing Address 214 Mt. Hope Rd

City State Zip Code
 South Fork PA 15956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 4200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 4 / 2 0 0 6

Transaction ID: 61012.C1118

Amount of Each Receipt this Period

4200.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Charles Brazil

Mailing Address 214 Mt. Hope Rd

City State Zip Code
 South Fork PA 15956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 4 / 2 0 0 6

Transaction ID: 70115.C9645

Amount of Each Receipt this Period

-2100.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

Full Name (Last, First, Middle Initial)

C. Shirley Brazil

Mailing Address 214 Mt. Hope Rd

City State Zip Code
 South Fork PA 15956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 4 / 2 0 0 6

Transaction ID: 70115.C9646

Amount of Each Receipt this Period

2100.00

Memo

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

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)

4200.00

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 15 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Faustino Briseno

Mailing Address 855 Monte Vista Ave.

City State Zip Code
 Sierra Vista AZ 85607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 1 7 / 2 0 0 6

Transaction ID: 61012.C1428

Amount of Each Receipt this Period

500.00

Receipt

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

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

James Broadhurst

Mailing Address 1336 Bennington Ave

City State Zip Code
 Pittsburgh PA 15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eat N Park

Occupation
Information Requested

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 7 / 2 8 / 2 0 0 6

Transaction ID: 61012.C196

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)

Mark Bronson

Mailing Address 134 N Lincoln St

City State Zip Code
 Hinsdale IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 1 7 / 2 0 0 6

Transaction ID: 61012.C1109

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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 16 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Susan Brunoff

Mailing Address 334 W Cedar St

City State Zip Code
New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 25.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 6

Transaction ID: 61012.C485

Amount of Each Receipt this Period

25.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Susan Brunoff

Mailing Address 334 W Cedar St

City State Zip Code
New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 60.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 6

Transaction ID: 61012.C486

Amount of Each Receipt this Period

35.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Susan Brunoff

Mailing Address 334 W Cedar St

City State Zip Code
New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 110.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 6

Transaction ID: 61012.C487

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

110.00

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 17 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Susan Brunoff

Mailing Address 334 W Cedar St

City State Zip Code
 New Holland PA 17557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 360.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 6 / 2 0 0 6

Transaction ID: 61012.C488

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Chris Brussalis

Mailing Address 7110 Pinehurst Circle

City State Zip Code
 Presto PA 15142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hill Group, Inc

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 9 / 2 0 0 6

Transaction ID: 61012.C2722

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Frank Cahouet

Mailing Address 77 Pink House Rd.

City State Zip Code
 Sewickley PA 15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 8 / 2 0 0 6

Transaction ID: 61012.C194

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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 18 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
John Campbell
Mailing Address 110 Inverness Dr.

City State Zip Code
Mcmurray PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 6

Transaction ID: 61012.C2211

Amount of Each Receipt this Period

1000.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Lorraine Canestrone
Mailing Address 2075 Grant Blvd

City State Zip Code
Monessen PA 15062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: 61012.C2443

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Mark Cappone
Mailing Address 6607 Epson Dr

City State Zip Code
San Antonio TX 78239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 / 0 7 / 2 0 0 6

Transaction ID: 61012.C2568

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2500.00

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 19 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Brian Cartmell Mailing Address 7683 SE 27th Street PMB 273 City Mercer Island State WA Zip Code 98040 FEC ID number of contributing federal political committee. C Name of Employer Cartmell Holdings, LLC Occupation Investor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2100.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Transaction ID: 61012.C2870 Amount of Each Receipt this Period 2100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Christopher Cha Mailing Address 25 Georgetwon Drive, # 7 City Framingham State MA Zip Code 01702 FEC ID number of contributing federal political committee. C Name of Employer TMCC Occupation Financial Researcher Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: 70115.C9600 Amount of Each Receipt this Period 100.00 Earmarked(Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) . ABC PAC Mailing Address 228 S Washington St 115 City Alexandria State VA Zip Code 22314 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 8520.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Transaction ID: CM318870115.C9600 Amount of Each Receipt this Period 100.00 Memo - Conduit memo total <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Earmarked Memo - Conduit total

SUBTOTAL of Receipts This Page (optional)

2200.00

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 20 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Christopher Cha Mailing Address 25 Georgetown Drive, # 7 City State Zip Code Framingham MA 01702 FEC ID number of contributing federal political committee. C Name of Employer TMCC Occupation Financial Researcher Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.02		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Transaction ID: 61024.C7462 Amount of Each Receipt this Period 100.00 Earmarked(Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) . ABC PAC Mailing Address 228 S Washington St 115 City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other Election Cycle-to-Date ▼ 8520.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6 Transaction ID: CM318961024.C7462 Amount of Each Receipt this Period 100.00 Memo - Conduit memo total <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Earmarked Memo - Conduit total
C. Full Name (Last, First, Middle Initial) Kay Clausen Mailing Address 360 Dreshertown Rd. City State Zip Code Fort Washington PA 19034 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6 Transaction ID: 61012.C1089 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		350.00
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 21 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Kay Clausen Mailing Address 360 Dreshertown Rd. City State Zip Code Fort Washington PA 19034 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 6 / 2 0 0 6 Transaction ID: 61012.C1090 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Ben Costello Mailing Address 505 Washington Trust Bldg City State Zip Code Washington PA 15301 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6 Transaction ID: 61012.C146 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Beth Cox Mailing Address 176 Sacred Heart Rd. City State Zip Code Monongahela PA 15063 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 6 Transaction ID: 61012.C147 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

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 22 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Richard Cummins

Mailing Address P.O. Box 443

City State Zip Code
 Corsicana TX 75151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

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 8 / 2 0 0 6

Transaction ID: 61012.C2166

Amount of Each Receipt this Period

500.00

Receipt

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

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

Chris and N Decker

Mailing Address P.O. Box 116

City State Zip Code
 Chalk Hill PA 15421

FEC ID number of contributing
federal political committee.

C

Name of Employer
LBI

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 61012.C1751

Amount of Each Receipt this Period

250.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Armand Dellovade

Mailing Address 108 Cavasina Dr.

City State Zip Code
 Canonsburg PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 61012.C127

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1000.00

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 23 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Tony DiLapi

Mailing Address 82 Stanwick Ct

City State Zip Code
 Somerset NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chubb and Son Ince

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 09 / 15 / 2006

Transaction ID: 61012.C1957

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. John Divinchi

Mailing Address 110 5th Ave

City State Zip Code
 Latrobe PA 15650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritas

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 08 / 25 / 2006

Transaction ID: 61012.C1116

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Ann Dugan

Mailing Address 508 Wedgewood Ln

City State Zip Code
 Canonsburg PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Institute for Entrepreneurial

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 07 / 24 / 2006

Transaction ID: 61012.C173

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2500.00

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 24 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

James Duratz

Mailing Address P.O. Box 497

City State Zip Code
Meadville PA 16335

FEC ID number of contributing federal political committee.

C

Name of Employer
RetiredOccupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
08 16 2006

Transaction ID: 61012.C1098

Amount of Each Receipt this Period

250.00

Receipt

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

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

Elousie Eberly

Mailing Address 142 Heritage Hills Rd.

City State Zip Code
Uniontown PA 15401

FEC ID number of contributing federal political committee.

C

Name of Employer
Uniontown Hospital Auxili-Occupation
R.N.

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
07 01 2006

Transaction ID: 61012.C34

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)

Douglas Fairclough

Mailing Address 3 Greenwood Way

City State Zip Code
Mill Valley CA 94941

FEC ID number of contributing federal political committee.

C

Name of Employer
SelfOccupation
technical staff

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
08 04 2006

Transaction ID: 61012.C3036

Amount of Each Receipt this Period

250.00

Earmarked(Non-Directed)

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

NOTE:ABC PAC

SUBTOTAL of Receipts This Page (optional)

1000.00

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 25 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. . ABC PAC

Mailing Address 228 S Washington St 115

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 Other

Election Cycle-to-Date ▼
 8520.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: CM321561012.C3036

Amount of Each Receipt this Period

250.00

Memo - Conduit memo total

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

[MEMO ITEM]

Earmarked Memo - Conduit
total

Full Name (Last, First, Middle Initial)

B. William Feeney

Mailing Address 2824 Ardwick CT

City State Zip Code
 Fairfax VA 22031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 7 / 2 0 0 6

Transaction ID: 61012.C2549

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Mark Fisher

Mailing Address 3606 Tangley St

City State Zip Code
 Houston TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 6

Transaction ID: 61012.C2171

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

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 26 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Carlton Fogliani

Mailing Address 3055 Floys Avenue \$349

City State Zip Code
 Modesto CA 95355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Congressman Richard Pombo

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 25.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 6 / 2 0 0 6

Transaction ID: 61012.C1338

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Carlton Fogliani

Mailing Address 3055 Floys Avenue \$349

City State Zip Code
 Modesto CA 95355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Congressman Richard Pombo

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 50.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 61012.C1340

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Carlton Fogliani

Mailing Address 3055 Floys Avenue \$349

City State Zip Code
 Modesto CA 95355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Congressman Richard Pombo

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 6

Transaction ID: 61012.C1339

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

250.00

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 27 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) John Follansbee Mailing Address 3752 Menoher Blvd. City Johnstown State PA Zip Code 15905 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Transaction ID: 61012.C2653 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) John Forsha Mailing Address 4124 Hemlock Rd City Cherry Tree State PA Zip Code 15724 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6 Transaction ID: 61012.C2456 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) L. Warren Funk Mailing Address 3336 New Castle Drive City Williamsburg State VA Zip Code 23185 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Transaction ID: 61012.C2514 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)**750.00****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 28 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Richard Gable
Mailing Address 4515 Willard Ave., S2318

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61012.C1207

Amount of Each Receipt this Period

200.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Richard Gable
Mailing Address 4515 Willard Ave., S2318

City State Zip Code
Chevy Chase MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 0 6

Transaction ID: 61012.C1208

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)
Louis Galliker
Mailing Address 922 Luzerne St

City State Zip Code
Johnstown PA 15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galliker Da

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 61012.C1114

Amount of Each Receipt this Period

1000.00

Receipt

☐ 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: PAGE 29 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Frank Genovese

Mailing Address 200 Medical Arts Building

City State Zip Code
 Kittanning PA 16201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Doctor

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 6

Transaction ID: 61012.C1007

Amount of Each Receipt this Period

100.00

Receipt

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

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

Frank Genovese

Mailing Address 200 Medical Arts Building

City State Zip Code
 Kittanning PA 16201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Doctor

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 1 / 2 0 0 6

Transaction ID: 61012.C1115

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Frank Genovese

Mailing Address 200 Medical Arts Building

City State Zip Code
 Kittanning PA 16201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Doctor

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: 61012.C1008

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1350.00

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 30 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Frank Genovese

Mailing Address 200 Medical Arts Building

City State Zip Code
 Kittanning PA 16201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Doctor

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: 70115.C9639

Amount of Each Receipt this Period

-250.00

Reattribution Memo

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

[MEMO ITEM]

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

Terri Genovese

Mailing Address 200 Medical Arts Building

City State Zip Code
 Kittanning PA 16201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: 70115.C9640

Amount of Each Receipt this Period

250.00

Memo

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

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)

Rob Gleason

Mailing Address 552 Elknud Ln

City State Zip Code
 Johnstown PA 15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gleason Agency

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 1 / 2 0 0 6

Transaction ID: 61012.C163

Amount of Each Receipt this Period

2100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2100.00

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 31 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Sidney Goldblatt Mailing Address 1243 Laurel View Dr City Johnstown State PA Zip Code 15905 FEC ID number of contributing federal political committee. C Name of Employer Sunquest In Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 08 / 25 / 2006 Transaction ID: 61012.C1117 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Robert Gordon Mailing Address Gordon Terminal Service Co. 1000 Ella Street City McKES ROCKS State PA Zip Code 15136 FEC ID number of contributing federal political committee. C Name of Employer GORDON TERMINAL SERVICE CO Occupation BUSINESS EX Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 Transaction ID: 61012.C2877 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Robert Gordon Mailing Address 2 Quaker Hollow Road City Sewickley State PA Zip Code 15143 FEC ID number of contributing federal political committee. C Name of Employer Gordon Tewl Occupation Executive Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2600.00		Date of Receipt MM / DD / YYYY 08 / 28 / 2006 Transaction ID: 70115.C9630 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)**2000.00****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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Robert Gordon
Mailing Address 2 Quaker Hollow Road

City State Zip Code
Sewickley PA 15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gordon Tewl

Occupation
Executive

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 70115.C9631

Amount of Each Receipt this Period

-400.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

B. Full Name (Last, First, Middle Initial)
Shirley Gordon
Mailing Address 2 Quaker Hollow Road

City State Zip Code
Sewickley PA 15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 70115.C9632

Amount of Each Receipt this Period

400.00

Memo

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

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)
Irene Graham
Mailing Address 8960 Bay Colony Dr. 1804

City State Zip Code
Naples FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: 70115.C9634

Amount of Each Receipt this Period

1600.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)

0.00

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 33 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Graham
Mailing Address 8960 Bay Colony Dr. 1804

City State Zip Code
Naples FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: 61012.C107

Amount of Each Receipt this Period

3200.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Thomas Graham
Mailing Address 8960 Bay Colony Dr. 1804

City State Zip Code
Naples FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: 70115.C9633

Amount of Each Receipt this Period

-1600.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
Terry Grove
Mailing Address 415 S 5th St

City State Zip Code
Canonsburg PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 1 6 / 2 0 0 6

Transaction ID: 61012.C1645

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3700.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Cliff Hair Mailing Address P.O. Box 8122 City Midland State TX Zip Code 79708 FEC ID number of contributing federal political committee. C Name of Employer Eagle Miner Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 Transaction ID: 61012.C1107 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Judith Hanes Mailing Address Box 1038 City Lewisville State NC Zip Code 27023 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Transaction ID: 61012.C2532 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Harry Hanna Mailing Address RR 1 Box 165 A City Ford City State PA Zip Code 16226 FEC ID number of contributing federal political committee. C Name of Employer Howard Hanna Realty Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 275.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 Transaction ID: 61012.C1985 Amount of Each Receipt this Period 275.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1275.00

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 35 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Hoddy Hanna Mailing Address 1001 W Waldheim RD. City State Zip Code Pittsburgh PA 15215 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 07 / 24 / 2006 Transaction ID: 61012.C195 Amount of Each Receipt this Period 400.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) George Harakal Mailing Address 206 Sugarwood Dr. City State Zip Code Venetia PA 15367 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 07 / 01 / 2006 Transaction ID: 61012.C35 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Jimmy Harris Mailing Address 371 Mountain Hill Rd City State Zip Code Fortson GA 31808 FEC ID number of contributing federal political committee. C		Date of Receipt MM / DD / YYYY 08 / 29 / 2006 Transaction ID: 61012.C1655 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1000.00

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 36 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Jimmy Harris

Mailing Address 371 Mountain Hill Rd

City State Zip Code
 Fortson GA 31808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 / 1 2 / 2 0 0 6

Transaction ID: 61012.C1656

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Mr. Hart Hart

Mailing Address One Oxford Center 38th Floor

City State Zip Code
 Pittsburgh PA 15219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 6

Transaction ID: 61012.C2465

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Jean Hayes

Mailing Address 830 Zupal Rd.

City State Zip Code
 Apollo PA 15613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 8 / 2 0 0 6

Transaction ID: 61012.C1986

Amount of Each Receipt this Period

350.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1100.00

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 37 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

George Heideman

Mailing Address 417 Franklin St

City State Zip Code
 Ligonier PA 15658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

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 8 / 2 6 / 2 0 0 6

Transaction ID: 61012.C1110

Amount of Each Receipt this Period

500.00

Receipt

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

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

John Henry

Mailing Address 157 North Drive

City State Zip Code
 Pittsburgh PA 15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
JST Corp

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 6

Transaction ID: 61012.C1390

Amount of Each Receipt this Period

100.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

John Henry

Mailing Address 157 North Drive

City State Zip Code
 Pittsburgh PA 15238

FEC ID number of contributing
federal political committee.

C

Name of Employer
JST Corp

Occupation
Information Requested

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 / 2 8 / 2 0 0 6

Transaction ID: 61012.C1391

Amount of Each Receipt this Period

400.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1000.00

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 38 / 173

(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)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Elsie Hillman Mailing Address 5120 Holyrood Rd. City State Zip Code Pittsburgh PA 15213 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Transaction ID: 61012.C36 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) John Hiser Mailing Address 6567 Clagett Ave City State Zip Code Tracys Landing MD 20779 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6 Transaction ID: 61012.C2298 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Bruce Hooper Mailing Address 412 Inveraray City State Zip Code Villanova PA 19085 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 Transaction ID: 61012.C1657 Amount of Each Receipt this Period 4200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)**5450.00****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
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Bruce Hooper

Mailing Address 412 Inveraray

City State Zip Code
 Villanova PA 19085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 70115.C9643

Amount of Each Receipt this Period

-2100.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

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

Eileen Hooper

Mailing Address 412 Inveraray

City State Zip Code
 Villanova PA 19085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 0 / 2 0 0 6

Transaction ID: 70115.C9644

Amount of Each Receipt this Period

2100.00

Memo

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

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

C. Full Name (Last, First, Middle Initial)

Michael Hughes

Mailing Address 1082 Governor Bridge Rd

City State Zip Code
 Davidsonville MD 21035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 6

Transaction ID: 61012.C1126

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1000.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

James Hunter

Mailing Address

City State Zip Code

xx X 0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 6

Transaction ID: 61012.C242

Amount of Each Receipt this Period

8.00

Receipt

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

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

James Hunter

Mailing Address

City State Zip Code

xx X 0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

136.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: 61012.C243

Amount of Each Receipt this Period

128.80

Receipt

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

C. Full Name (Last, First, Middle Initial)

James Hunter

Mailing Address

City State Zip Code

xx X 0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

161.80

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 61012.C245

Amount of Each Receipt this Period

25.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

161.80

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 41 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. James Hunter

Mailing Address

City State Zip Code

XX X 0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

261.80

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 6

Transaction ID: 61012.C244

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Thomas hwang

Mailing Address 5647-303 Columbia Rd

City State Zip Code

Columbia MD 21044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61012.C1188

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Andrew Hython

Mailing Address 542 Elm St

City State Zip Code

Canonsburg PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 0 6

Transaction ID: 61012.C944

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1200.00

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 42 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Andrew Hython

Mailing Address 542 Elm St

City State Zip Code
 Canonsburg PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 2 / 2 0 0 6

Transaction ID: 61012.C945

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Andrew Hython

Mailing Address 542 Elm St

City State Zip Code
 Canonsburg PA 15317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 6 / 2 0 0 6

Transaction ID: 61012.C946

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Faye Irey

Mailing Address 129 Rosewood Dr

City State Zip Code
 Monongahela PA 15063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 5 / 2 0 0 6

Transaction ID: 61012.C1102

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

375.00

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 43 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A.

Full Name (Last, First, Middle Initial)

Faye Irey

Mailing Address 129 Rosewood Dr

City State Zip Code
Monongahela PA 15063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Date of Receipt

09 / 20 / 2006

Transaction ID: 61012.C1103

Amount of Each Receipt this Period

25.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Terrence Jacobs

Mailing Address P.O. Box 300

City State Zip Code
Delmont PA 15626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penneco Oil

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

08 / 10 / 2006

Transaction ID: 61012.C1112

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Terrence Jacobs

Mailing Address P.O. Box 300

City State Zip Code
Delmont PA 15626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penneco Oil

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt

09 / 28 / 2006

Transaction ID: 61012.C1113

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1125.00

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 44 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Roger Jones

Mailing Address 4 Kenny Circle

City State Zip Code
 Broomall PA 19008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 8 / 2 0 0 6

Transaction ID: 61012.C997

Amount of Each Receipt this Period

100.00

Receipt

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

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

Roger Jones

Mailing Address 4 Kenny Circle

City State Zip Code
 Broomall PA 19008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 61012.C998

Amount of Each Receipt this Period

100.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Roger Jones

Mailing Address 4 Kenny Circle

City State Zip Code
 Broomall PA 19008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 6

Transaction ID: 61012.C999

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

300.00

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 45 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Rick Katterson

Mailing Address x

x

City

State

Zip Code

xx

XX

0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

607.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 6

Transaction ID: 61012.C611

Amount of Each Receipt this Period

607.20

Receipt

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

Full Name (Last, First, Middle Initial)

B. Rick Katterson

Mailing Address x

x

City

State

Zip Code

xx

XX

0

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

632.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 6

Transaction ID: 61012.C610

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Terry Kern

Mailing Address 150 Cambridge PI

City

State

Zip Code

Somerset

PA

15501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 6

Transaction ID: 61012.C1091

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

882.20

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 46 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Terry Kern
Mailing Address 150 Cambridge Pl

City State Zip Code
Somerset PA 15501

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 6

Transaction ID: 61012.C1092

Amount of Each Receipt this Period

200.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Charles Kirksey
Mailing Address 10777 Main Street #200

City State Zip Code
fairfax VA 22030

FEC ID number of contributing federal political committee.

C

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 4 / 2 0 0 6

Transaction ID: 61012.C2729

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Steven Kocsuta
Mailing Address 534 Burkes Dr

City State Zip Code
Coraopolis PA 15108

FEC ID number of contributing federal political committee.

C

Name of Employer Wilbur Smith Associates

Occupation Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 6

Transaction ID: 61012.C2402

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2200.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Marie Kuffner

Mailing Address 3303 Masters Dr

City State Zip Code
 montgomery TX 33756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 61012.C1572

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Joann Kuruc

Mailing Address 1151 Willow Dr.

City State Zip Code
 Vandergrift PA 15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: 61012.C2307

Amount of Each Receipt this Period

2000.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION FROM SPOUSE

Full Name (Last, First, Middle Initial)

C. John Kuruc

Mailing Address 1151 Willow Road

City State Zip Code
 Vandergrift PA 15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Design Manageme-
nt In

Occupation
Self Employed

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 5 / 2 0 0 6

Transaction ID: 70115.C9636

Amount of Each Receipt this Period

-2000.00

Reattribution Memo

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

[MEMO ITEM]

REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional)

250.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
John Kuruc
Mailing Address 1151 Willow Road

City State Zip Code
Vandergrift PA 15690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Design Manageme-
nt In

Occupation
Self Employed

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: 70115.C9635

Amount of Each Receipt this Period

4000.00

Reattribution Memo

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

B. Full Name (Last, First, Middle Initial)
Charles Lafayette
Mailing Address 504 N Kemp St.

City State Zip Code
Sugarloaf PA 18249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
420.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: 61012.C1603

Amount of Each Receipt this Period

420.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Tony Lame

Mailing Address 420 Wister Rd

City State Zip Code
Wynnewood PA 19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 6

Transaction ID: 61012.C1100

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

670.00

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 49 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Regis Leach

Mailing Address 83 Lusk Rd

City State Zip Code
 Bentleyville PA 15314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lone Pine Construction

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 7 / 2 0 0 6

Transaction ID: 61012.C1762

Amount of Each Receipt this Period

200.00

Receipt

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

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

Regis Leach

Mailing Address 83 Lusk Rd

City State Zip Code
 Bentleyville PA 15314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lone Pine Construction

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 6

Transaction ID: 61012.C1763

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)

Joe Leader

Mailing Address 1560 Montgomery Rd.

City State Zip Code
 Allison Park PA 15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 1 / 2 0 0 6

Transaction ID: 61012.C1838

Amount of Each Receipt this Period

300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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 50 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Suellen Ledvina

Mailing Address 902 Willcliff Dr

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing
federal political committee.

C

Name of Employer
homemaker

Occupation

Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 6

Transaction ID: 61012.C1673

Amount of Each Receipt this Period

350.00

Receipt

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

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

David Lee

Mailing Address 275 Davidson Dr.

City

Charleroi

State

PA

Zip Code

15022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Supply

Occupation

Information Requested

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 / 2 6 / 2 0 0 6

Transaction ID: 61012.C2309

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)

Mike Lee

Mailing Address 422 Locust St Box 297

City

Stockdale

State

PA

Zip Code

15483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Supply

Occupation

Information Requested

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 / 2 6 / 2 0 0 6

Transaction ID: 61012.C2308

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1350.00

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 51 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Tim Lee Mailing Address 8301 Laurel Court City State Zip Code Rowlett TX 75089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">100.00</div>		Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 </div> Transaction ID: 61012.C1202 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Tim Lee Mailing Address 8301 Laurel Court City State Zip Code Rowlett TX 75089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 </div> Transaction ID: 61012.C1203 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Tim Lee Mailing Address 8301 Laurel Court City State Zip Code Rowlett TX 75089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">350.00</div>		Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 </div> Transaction ID: 61012.C1204 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

350.00

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 52 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Linda Little		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 813 Hillcrest Dr.		Transaction ID: 61012.C1072
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer homemaker	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Linda Little		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 2 / 2 0 0 6
Mailing Address 813 Hillcrest Dr.		Transaction ID: 61012.C1073
City Canonsburg	State PA	Zip Code 15317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer homemaker	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Ed Lozick		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 29425 Chagrin BLVD Suite 201		Transaction ID: 61012.C1086
City Pepper Pike	State OH	Zip Code 44122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

525.00

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 53 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
David Lubrani
Mailing Address 152 Leisure Lands

City State Zip Code
E. Stroudsburg PA 18301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 6

Transaction ID: 61012.C988

Amount of Each Receipt this Period

100.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
David Lubrani
Mailing Address 152 Leisure Lands

City State Zip Code
E. Stroudsburg PA 18301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: 61012.C989

Amount of Each Receipt this Period

100.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
David Lubrani
Mailing Address 152 Leisure Lands

City State Zip Code
E. Stroudsburg PA 18301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: 61012.C990

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

300.00

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 54 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) David Lubrani Mailing Address 152 Leisure Lands City E. Stroudsburg State PA Zip Code 18301 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 08 / 31 / 2006 Transaction ID: 61012.C991 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) David Lubrani Mailing Address 152 Leisure Lands City E. Stroudsburg State PA Zip Code 18301 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 09 / 26 / 2006 Transaction ID: 61012.C992 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Letty Lutzker Mailing Address 408 S 2nd St. City Bangor State PA Zip Code 18013 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Information Requested Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 07 / 10 / 2006 Transaction ID: 61012.C210 Amount of Each Receipt this Period 250.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

450.00

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 55 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. V. Lynn McConnell

Mailing Address P.O. Box 2428

City State Zip Code
Pensacola FL 32513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

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: 61012.C2030

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Pat McCune

Mailing Address 90 W Chestnut St 100

City State Zip Code
Washington PA 15301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bassi McCune

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 6

Transaction ID: 61012.C2474

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Pat McCune

Mailing Address 90 W Chestnut St 100

City State Zip Code
Washington PA 15301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bassi McCune

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 6

Transaction ID: 61012.C2473

Amount of Each Receipt this Period

100.00

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)

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

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

FOR LINE NUMBER: PAGE 56 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Doug McIlwain
Mailing Address 1551 Ferndale Ave

City State Zip Code
Johnstown PA 15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
McIlwain Bus Lines

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: 61012.C2031

Amount of Each Receipt this Period

250.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Glen Meakem
Mailing Address 703 Cochran St

City State Zip Code
Sewickley PA 15143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meakem Becker venture Cap-
ital

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 6

Transaction ID: 61012.C2230

Amount of Each Receipt this Period

2100.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Richard Miles
Mailing Address 3909 Harrison St

City State Zip Code
Washington DC 20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Government

Occupation
Federal Employee

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: 61012.C3088

Amount of Each Receipt this Period

2000.00

Earmarked(Non-Directed)

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

NOTE:ABC PAC

SUBTOTAL of Receipts This Page (optional)

4350.00

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 57 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. . ABC PAC

Mailing Address 228 S Washington St 115

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 Other

Election Cycle-to-Date ▼
 8520.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: CM326561012.C3088

Amount of Each Receipt this Period

2000.00

Memo - Conduit memo total

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

[MEMO ITEM]

Earmarked Memo - Conduit
total

Full Name (Last, First, Middle Initial)

B. Glenn Millar

Mailing Address 8841 Sheldon Creek Dr.

City State Zip Code
 Elk Grove CA 95624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 5 / 2 0 0 6

Transaction ID: 61012.C2768

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Norman Miller

Mailing Address 1279 Peachtree Battle Ave NW

City State Zip Code
 Atlanta GA 30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Insurance

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 3 / 2 0 0 6

Transaction ID: 61012.C58

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

750.00

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 58 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Mitchell Mitchell
Mailing Address 110 Cara Lin Dr.

City State Zip Code
Pittsburgh PA 15221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 6

Transaction ID: 61012.C1095

Amount of Each Receipt this Period

250.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Malcom Morgan
Mailing Address 52 Willowbrook Ln

City State Zip Code
Washington PA 15301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington County Economic
Cou

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 6

Transaction ID: 61012.C2039

Amount of Each Receipt this Period

250.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Ronald Needleman
Mailing Address 1097 Jackson St.

City State Zip Code
The Villages FL 32162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 2 7 / 2 0 0 6

Transaction ID: 61012.C1562

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1000.00

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 59 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Michael Orsini Mailing Address 416 Washington Ave 2nd floor City State Zip Code Carnq PA 15106 FEC ID number of contributing federal political committee. C Name of Employer Occupation Victory Security Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 Transaction ID: 61012.C2483 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Bob Patterson Mailing Address 1877 Route 2023 City State Zip Code Monongahela PA 15063 FEC ID number of contributing federal political committee. C Name of Employer Occupation Owner Pittsburgh Fleixcor Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6 Transaction ID: 61012.C2052 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Brian Pitcher Mailing Address PO Box 399 City State Zip Code Ross CA 94957 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Finance Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Transaction ID: 61012.C3013 Amount of Each Receipt this Period 25.00 Earmarked(Non-Directed) <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2025.00

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 60 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. . ABC PAC

Mailing Address 228 S Washington St 115

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
 Other

Election Cycle-to-Date ▼
 8520.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 1 / 2 0 0 6

Transaction ID: CM319461012.C3013

Amount of Each Receipt this Period

25.00

Memo - Conduit memo total

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

[MEMO ITEM]

Earmarked Memo - Conduit
total

Full Name (Last, First, Middle Initial)

B. James Post

Mailing Address 418 Triple Crown Lane

City State Zip Code
 Jacksonville FL 32259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 3 / 2 0 0 6

Transaction ID: 61012.C1742

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Don Powell

Mailing Address 153 Sharp Run Rd.

City State Zip Code
 Spraggs PA 15362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 2 / 2 0 0 6

Transaction ID: 61012.C1077

Amount of Each Receipt this Period

300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

550.00

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 61 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Don Powell
Mailing Address 153 Sharp Run Rd.

City State Zip Code
Spraggs PA 15362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 1 4 / 2 0 0 6

Transaction ID: 61012.C1076

Amount of Each Receipt this Period

200.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Bill Rankin
Mailing Address 220 N Dithridge St 1000

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 61012.C1093

Amount of Each Receipt this Period

250.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Bill Rankin
Mailing Address 220 N Dithridge St 1000

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

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 / 2 0 / 2 0 0 6

Transaction ID: 61012.C1094

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

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 62 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
David Ray
Mailing Address 4314 Argentina Cir

City State Zip Code
Pasadena TX 77504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ray-Wright Pumps

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 61012.C2243

Amount of Each Receipt this Period

500.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Bob Reynolds
Mailing Address 2632 Brownsville Rd

City State Zip Code
Pittsburgh PA 15227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: 61012.C2491

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)
Norton Richards
Mailing Address 38W161 Grove Hill Ct.

City State Zip Code
Batavia IL 60510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2006

Transaction ID: 61012.C1124

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1500.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Joel Sampson

Mailing Address 11108 Ferndale RD.

City State Zip Code
 Dallas TX 75238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 4 / 2 0 0 6

Transaction ID: 61012.C1087

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Bill Schmidt

Mailing Address 9306 Hidden Green Ln

City State Zip Code
 Knoxville TN 37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pegasus Sports Marketing

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 4 / 2 0 0 6

Transaction ID: 61012.C183

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Helen Schneider

Mailing Address 7928 Wingate Dr.

City State Zip Code
 Glenn Dale MD 20769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 7 / 0 5 / 2 0 0 6

Transaction ID: 61012.C90

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

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 64 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Judith Shaw

Mailing Address 427 Main St.

City State Zip Code
 New Eagle PA 15067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 61012.C179

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Peter Sheptak

Mailing Address 10 Edgewood Rd

City State Zip Code
 Pittsburgh PA 15215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 1 / 2 0 0 6

Transaction ID: 61012.C1683

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Linda Smalis

Mailing Address 4323 Mc Caslin St

City State Zip Code
 Pittsburgh PA 15217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Superior Painting Co.

Occupation
Vice President/Secretary

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: 61012.C2080

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1000.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Mark Small Mailing Address 970 Cape Marco Dr. Unit 1507 City State Zip Code Marco Island FL 34145 FEC ID number of contributing federal political committee. C Name of Employer Cleveland Construction Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00	Date of Receipt MM / DD / YYYY 07 / 06 / 2006 Transaction ID: 61012.C92 Amount of Each Receipt this Period 4200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Mark Small Mailing Address 970 Cape Marco Dr. Unit 1507 City State Zip Code Marco Island FL 34145 FEC ID number of contributing federal political committee. C Name of Employer Cleveland Construction Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	Date of Receipt MM / DD / YYYY 07 / 06 / 2006 Transaction ID: 70115.C9637 Amount of Each Receipt this Period -2100.00 Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] REATTRIBUTION TO SPOUSE
C. Full Name (Last, First, Middle Initial) Monica Small Mailing Address 970 Cape Marco Dr. Unit 1507 City State Zip Code Marco Island FL 34145 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	Date of Receipt MM / DD / YYYY 07 / 06 / 2006 Transaction ID: 70115.C9638 Amount of Each Receipt this Period 2100.00 Reattribution Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] REATTRIBUTION FROM SPOUSE

SUBTOTAL of Receipts This Page (optional)

4200.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Art Smith

Mailing Address 6400 Tunnel Hollow Rd

City State Zip Code

Elizabeth PA 15037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 6

Transaction ID: 61012.C2345

Amount of Each Receipt this Period

1000.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Greg Sorokes

Mailing Address 1000 General Forbes Rd.

City State Zip Code

Jeannette PA 15644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Donegal Construction

Occupation
Information Requested

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 7 / 1 3 / 2 0 0 6

Transaction ID: 61012.C109

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Avis Spies

Mailing Address 60 Heyburn Rd.

City State Zip Code

Chadds Ford PA 19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 6

Transaction ID: 61012.C968

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1600.00

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
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Avis Spies

Mailing Address 60 Heyburn Rd.

City State Zip Code

Chadds Ford

PA

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 1 / 2 0 0 6

Transaction ID: 61012.C969

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Avis Spies

Mailing Address 60 Heyburn Rd.

City State Zip Code

Chadds Ford

PA

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 6

Transaction ID: 61012.C970

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Avis Spies

Mailing Address 60 Heyburn Rd.

City State Zip Code

Chadds Ford

PA

19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 5 / 2 0 0 6

Transaction ID: 61012.C971

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

300.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Avis Spies

Mailing Address 60 Heyburn Rd.

City State Zip Code
 Chadds Ford PA 19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 / 2 2 / 2 0 0 6

Transaction ID: 61012.C972

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. James Stalder

Mailing Address 1821 Woodlands Cir

City State Zip Code
 Pittsburgh PA 15241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 0 / 2 0 0 6

Transaction ID: 61012.C1101

Amount of Each Receipt this Period

250.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. David Steinberger

Mailing Address 127 Springbrooke Dr

City State Zip Code
 Venetia PA 15367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

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 / 2 8 / 2 0 0 6

Transaction ID: 61012.C2496

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

850.00

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 69 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
Mark Stern
Mailing Address 1104 Bedford Valley Rd

City State Zip Code
bedford PA 15522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 0 4 / 2 0 0 6

Transaction ID: 61012.C1251

Amount of Each Receipt this Period

500.00

Receipt

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

B. Full Name (Last, First, Middle Initial)
Roger Stone
Mailing Address 1114 Sheridan Rd.

City State Zip Code
Glencoe IL 60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone-Kaplan

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 6

Transaction ID: 61012.C2350

Amount of Each Receipt this Period

1000.00

Receipt

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

C. Full Name (Last, First, Middle Initial)
Bill Stout
Mailing Address P.O. Box 8

City State Zip Code
Eighty Four PA 15330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlas Railroad

Occupation
Information Requested

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 / 2 5 / 2 0 0 6

Transaction ID: 61012.C2497

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2000.00

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 70 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

G.L. Sutliff

Mailing Address PO Box 1307

City State Zip Code
Harrisburg PA 17105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutliff Che

Occupation
Information Requested

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 8 / 0 9 / 2 0 0 6

Transaction ID: 61012.C1108

Amount of Each Receipt this Period

500.00

Receipt

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

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

Greg Sutliff

Mailing Address P.O. Box 1307

City State Zip Code
Harrisburg PA 17105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutliff Chevrolet

Occupation
Information Requested

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 / 2 0 / 2 0 0 6

Transaction ID: 61012.C2351

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)

Gerald Sutyak

Mailing Address 31 Alice Circle

City State Zip Code
Greensburg PA 15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vision Quest

Occupation
Lodge Director

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 6

Transaction ID: 61012.C2095

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2000.00

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 71 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. James Szalankiewicz

Mailing Address 2924 Creekside Rd.

City State Zip Code
 Indiana PA 15701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 07 07 2006

Transaction ID: 61012.C91

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Bruce Tompkins

Mailing Address 9904 Freeport Rd

City State Zip Code
 Rock Falls IL 61071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 08 02 2006

Transaction ID: 61012.C1157

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Peter Tripple

Mailing Address 2426 Bowmont Drive

City State Zip Code
 Beverly Hills CA 90210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 100.00

Date of Receipt

M M / D D / Y Y Y Y
 07 28 2006

Transaction ID: 61012.C1576

Amount of Each Receipt this Period

100.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1100.00

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 72 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Peter Tripple Mailing Address 2426 Bowmont Drive City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 7 / 2 0 0 6 Transaction ID: 61012.C1577 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Peter Tripple Mailing Address 2426 Bowmont Drive City State Zip Code Beverly Hills CA 90210 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 6 Transaction ID: 61012.C1578 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Paul Umbach Mailing Address 15 Redstone Ln City State Zip Code Washington PA 15301 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 0 / 2 0 0 6 Transaction ID: 61012.C148 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1300.00

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 73 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. John Van Laer

Mailing Address 550 Clay Avenue 10B

City State Zip Code
 Scranton PA 18510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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 8 / 3 1 / 2 0 0 6

Transaction ID: 61012.C2517

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. John Von Laer

Mailing Address 550 Clay Ave Apt 10B

City State Zip Code
 Scranton PA 18510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

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 / 1 8 / 2 0 0 6

Transaction ID: 61012.C2154

Amount of Each Receipt this Period

600.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Mark Widder

Mailing Address 6 Oakmont Ln

City State Zip Code
 Newport Beach CA 92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veg Fresh F

Occupation
Information Requested

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 8 / 0 6 / 2 0 0 6

Transaction ID: 61012.C1106

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1600.00

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 74 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Michael Wilson Mailing Address 1018 NW Clinton County Line Rd. City State Zip Code Smithville MO 64089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 100.00		Date of Receipt MM / DD / YYYY 08 / 05 / 2006 Transaction ID: 61012.C953 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Michael Wilson Mailing Address 1018 NW Clinton County Line Rd. City State Zip Code Smithville MO 64089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00		Date of Receipt MM / DD / YYYY 09 / 06 / 2006 Transaction ID: 61012.C954 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Michael Wilson Mailing Address 1018 NW Clinton County Line Rd. City State Zip Code Smithville MO 64089 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 09 / 20 / 2006 Transaction ID: 61012.C955 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

300.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Peter Wilson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 435 Carmargue Ln		Transaction ID: 61012.C1088
City Biloxi	State MS	Zip Code 39531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bancorp Sou	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Peter Wilson		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 453 Carmargue Ln		Transaction ID: 61012.C2505
City Biloxi	State MS	Zip Code 39531
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bancorp South	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Bill Wolf		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address PO Box 903		Transaction ID: 61012.C1111
City Mount Wolf	State PA	Zip Code 17347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation Information Requested	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	
		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

1500.00

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 76 / 173

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Bill Wolf

Mailing Address P.O. Box 903

City State Zip Code
 Mount Wolf PA 17347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Information Requested

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 6

Transaction ID: 61012.C2506

Amount of Each Receipt this Period

1100.00

Receipt

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

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

Eric Zepp

Mailing Address 2500 provine Road

City State Zip Code
 McKinney TX 75070

FEC ID number of contributing
federal political committee.

C

Name of Employer
BP Oil

Occupation
sales

Receipt For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 61012.C202

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

102353.19

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

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

FOR LINE NUMBER: PAGE 77 / 173

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Americas PAC

Mailing Address 11 N. Carlisle St

City State Zip Code
 Greencastle PA 17225

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 6

Transaction ID: 61012.C2107

Amount of Each Receipt this Period

2000.00

Receipt

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

Full Name (Last, First, Middle Initial)

B. Associated Builders and Contractors

Mailing Address 4250 North Fairfax Drive, 9th Floor

City State Zip Code
 Arlington VA 22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 8 / 2 0 0 6

Transaction ID: 70115.C9620

Amount of Each Receipt this Period

5000.00

Receipt

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

Full Name (Last, First, Middle Initial)

C. Citizens United PVF

Mailing Address 1006 Pennsylvania Ave SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 7 / 2 0 0 6

Transaction ID: 61012.C1119

Amount of Each Receipt this Period

5000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

12000.00

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 78 / 173

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

HRG Pac

Mailing Address 369 East Park Dr

City State Zip Code
Harrisburg PA 17111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 6

Transaction ID: 61012.C2509

Amount of Each Receipt this Period

200.00

Receipt

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

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

NAVPAC

Mailing Address 13176 N Dale Mabry HWY

City State Zip Code
Tampa FL 33618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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 7 / 1 4 / 2 0 0 6

Transaction ID: 61012.C128

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

12700.00

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

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

FOR LINE NUMBER: PAGE 79 / 173

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
PA Republican Caucus

Mailing Address 56 Huckleberry Cir

City State Zip Code
 Emporium PA 15834-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 8 / 2 0 0 6

Transaction ID: 61012.C1849

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 173

(check only one)

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

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) ABC PAC Mailing Address 228 S Washington St 115 City State Zip Code Alexandria VA 22314- FEC ID number of contributing federal political committee. C C00422188 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">6468.46</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6 </div> Transaction ID: 61012.C2811 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">6468.46</div> Transfers From Affil./Aut-h. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) ABC PAC Mailing Address 228 S Washington St 115 City State Zip Code Alexandria VA 22314- FEC ID number of contributing federal political committee. C C00422188 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">6652.46</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 </div> Transaction ID: 61012.C2812 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">184.00</div> Transfers From Affil./Aut-h. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) ABC PAC Mailing Address 228 S Washington St 115 City State Zip Code Alexandria VA 22314- FEC ID number of contributing federal political committee. C C00422188 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">7117.12</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6 </div> Transaction ID: 61012.C1810 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">464.66</div> Transfers From Affil./Aut-h. <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ►	
TOTAL This Period (last page this line number only) ►	

7117.12

7117.12

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

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

FOR LINE NUMBER: PAGE 81 / 173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

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

Verizon

Mailing Address PO Box 17464

City State Zip Code
 Charlestown MA 02129-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

513.56

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 5 / 2 0 0 6

Transaction ID: 61012.C3141

Amount of Each Receipt this Period

513.56

Offsets to Operating Expe-
nditu

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

SUBTOTAL of Receipts This Page (optional)

513.56

TOTAL This Period (last page this line number only)

513.56

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

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

FOR LINE NUMBER: PAGE 82 / 173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) National City Bank Mailing Address 3500 Extension Ave City State Zip Code Finleyville PA 15332- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 56.91		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Transaction ID: 61012.C3140 Amount of Each Receipt this Period 1.03 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) National City Bank Mailing Address 3500 Extension Ave City State Zip Code Finleyville PA 15332- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 86.96		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 61012.C3137 Amount of Each Receipt this Period 30.05 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) National City Bank Mailing Address 3500 Extension Ave City State Zip Code Finleyville PA 15332- FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 341.73		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 Transaction ID: 61012.C3138 Amount of Each Receipt this Period 254.77 Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

285.85

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 83 / 173

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

A. Full Name (Last, First, Middle Initial)
National City Bank

Mailing Address 3500 Extension Ave

City State Zip Code
 Finleyville PA 15332-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

648.38

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 3 0 / 2 0 0 6

Transaction ID: 61012.C3139

Amount of Each Receipt this Period

306.65

Other Receipt

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

SUBTOTAL of Receipts This Page (optional)

306.65

TOTAL This Period (last page this line number only)

592.50

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Bradendercox

Mailing Address 100 W. Stations Sq Suite 315

City
Pittsburgh

State
PA

Zip Code
15219-

Purpose of Disbursement
FILMING PRESS CONFERENCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E684

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2650.00

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

FILMING PRESS CONFERENCE

Full Name (Last, First, Middle Initial)

B. Bradendercox

Mailing Address 100 W. Stations Sq Suite 315

City
Pittsburgh

State
PA

Zip Code
15219-

Purpose of Disbursement
PHOTO SHOOT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3672.81

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

PHOTO SHOOT

Full Name (Last, First, Middle Initial)

C. Bradendercox

Mailing Address 100 W. Stations Sq Suite 315

City
Pittsburgh

State
PA

Zip Code
15219-

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

147.46

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

CONFERENCE CALLS

SUBTOTAL of Disbursements This Page (optional)

6470.27

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. CBIZ Accounting

Mailing Address File 50039

City Los Angeles State CA Zip Code 90074-

Purpose of Disbursement
FEC BOOKKEEPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

805.02

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

FEC BOOKKEEPING

Full Name (Last, First, Middle Initial)

B. CBIZ Accounting

Mailing Address File 50039

City Los Angeles State CA Zip Code 90074-

Purpose of Disbursement
FEC BOOKKEEPING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1541.10

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

FEC BOOKKEEPING

Full Name (Last, First, Middle Initial)

C. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

355.79

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

TRAVEL SUPPLIES-UNDER \$200

SUBTOTAL of Disbursements This Page (optional)

2701.91

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E771

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TRAVEL SUPPLIES-UNDER \$200

Full Name (Last, First, Middle Initial)

B. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E772

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TRAVEL SUPPLIES-UNDER \$200

Full Name (Last, First, Middle Initial)

C. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E847

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

TRAVEL SUPPLIES-UNDER \$200

SUBTOTAL of Disbursements This Page (optional)

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Jason Davidek

Mailing Address 9301 Route 908

City
Tarentum

State
PA

Zip Code
15084-

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E854

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

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

TRAVEL SUPPLIES-UNDER \$200

Full Name (Last, First, Middle Initial)

B. Jason Davidek

Mailing Address 9301 Route 908

City
Tarentum

State
PA

Zip Code
15084-

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E859

Date of Disbursement

/ /

Amount of Each Disbursement this Period

176.31

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

TRAVEL SUPPLIES-UNDER \$200

Full Name (Last, First, Middle Initial)

C. Brett Clark

Mailing Address 1026 Old Orchard Dr

City
Gibsonia

State
PA

Zip Code
1504 -

Purpose of Disbursement
TRAVEL SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

764.38

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

TRAVEL SUPPLIES-UNDER \$200

SUBTOTAL of Disbursements This Page (optional)

1290.69

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Robert Irey

Mailing Address 126 Diana Drive

City Monongahe State PA Zip Code 1506 -

Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E697

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2081.51

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

MILEAGE SUPPLIES-UNDER \$2-
00

Full Name (Last, First, Middle Initial)

B. Robert Irey

Mailing Address 126 Diana Drive

City Monongahe State PA Zip Code 1506 -

Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1251

Date of Disbursement

/ /

Amount of Each Disbursement this Period

656.74

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

MILEAGE SUPPLIES-UNDER \$2-
00

Full Name (Last, First, Middle Initial)

C. Robert Irey

Mailing Address 126 Diana Drive

City Monongahe State PA Zip Code 1506 -

Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1038.72

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

MILEAGE SUPPLIES-UNDER \$2-
00

SUBTOTAL of Disbursements This Page (optional)

3776.97

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. Robert Irey Full Name (Last, First, Middle Initial) Mailing Address 126 Diana Drive City Monongahe State PA Zip Code 1506 - Purpose of Disbursement MILEAGE SUPPLIES-UNDER \$200 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 61012.E794 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 918.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE SUPPLIES-UNDER \$2-00
B. Robert Irey Full Name (Last, First, Middle Initial) Mailing Address 126 Diana Drive City Monongahe State PA Zip Code 1506 - Purpose of Disbursement MILEAGE SUPPLIES-UNDER \$200 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 61012.E795 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1782.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE SUPPLIES-UNDER \$2-00
C. Robert Irey Full Name (Last, First, Middle Initial) Mailing Address 126 Diana Drive City Monongahe State PA Zip Code 1506 - Purpose of Disbursement MILEAGE SUPPLIES-UNDER \$200 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 61012.E796 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 973.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MILEAGE SUPPLIES-UNDER \$2-00

SUBTOTAL of Disbursements This Page (optional)

3673.92

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. Full Name (Last, First, Middle Initial) Robert Irey			Transaction ID: 61012.E797 Date of Disbursement <div> <div>08</div> <div>15</div> <div>2006</div> </div>	
Mailing Address 126 Diana Drive				
City Monongahe		State PA	Zip Code 1506 -	
Purpose of Disbursement MILEAGE SUPPLIES-UNDER \$200		<div> <div>Category/Type</div> </div>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
			Amount of Each Disbursement this Period <div>456.80</div>	
			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
			MILEAGE SUPPLIES-UNDER \$2-00	
B. Full Name (Last, First, Middle Initial) Robert Irey			Transaction ID: 61012.E798 Date of Disbursement <div> <div>08</div> <div>16</div> <div>2006</div> </div>	
Mailing Address 126 Diana Drive				
City Monongahe		State PA	Zip Code 1506 -	
Purpose of Disbursement MILEAGE SUPPLIES-UNDER \$200		<div> <div>Category/Type</div> </div>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
			Amount of Each Disbursement this Period <div>467.21</div>	
			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
			MILEAGE SUPPLIES-UNDER \$2-00	
C. Full Name (Last, First, Middle Initial) Robert Irey			Transaction ID: 61012.E799 Date of Disbursement <div> <div>08</div> <div>23</div> <div>2006</div> </div>	
Mailing Address 126 Diana Drive				
City Monongahe		State PA	Zip Code 1506 -	
Purpose of Disbursement MILEAGE SUPPLIES-UNDER \$200		<div> <div>Category/Type</div> </div>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
			Amount of Each Disbursement this Period <div>618.89</div>	
			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
			MILEAGE SUPPLIES-UNDER \$2-00	

SUBTOTAL of Disbursements This Page (optional)

1542.90

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 PageFOR 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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Robert Irey

Mailing Address 126 Diana Drive

City
MonongaheState
PAZip Code
1506 -Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	6

Amount of Each Disbursement this Period

1048.08

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53MILEAGE SUPPLIES-UNDER \$2-
00

Full Name (Last, First, Middle Initial)

B. Robert Irey

Mailing Address 126 Diana Drive

City
MonongaheState
PAZip Code
1506 -Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E858

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

1079.01

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53MILEAGE SUPPLIES-UNDER \$2-
00

Full Name (Last, First, Middle Initial)

C. ATLANTIC BROADBAND

Mailing Address 135 S LaSalle Dr

City
ChicagoState
ILZip Code
60674-Purpose of Disbursement
INTERNET

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

222.25

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

INTERNET

SUBTOTAL of Disbursements This Page (optional)

2349.34

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Authorize net

Mailing Address online

City State Zip Code

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1033

Date of Disbursement

/ /

Amount of Each Disbursement this Period

299.00

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

PROCESSING FEES

Full Name (Last, First, Middle Initial)

B. Authorize net

Mailing Address online

City State Zip Code

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.80

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

PROCESSING FEES

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City State Zip Code
Pittsburgh PA 15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

85.95

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

468.75

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E984

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.03

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E985

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.05

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.06

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

59.14

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.16

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1052

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.06

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.06

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

65.28

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.06

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1044

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1046

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.24

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

59.44

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 PageFOR 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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1049

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Amount of Each Disbursement this Period

20.24

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1047

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Amount of Each Disbursement this Period

20.24

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

58.62

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1048

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1075

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

60.72

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.34

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.24

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1072

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.24

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

62.82

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)

PAGE 99 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

60.72

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 PageFOR LINE NUMBER:
(check only one)

PAGE 100 / 173

<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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1055

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1056

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1058

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

18.14

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

54.42

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

54.42

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)

PAGE 102 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

54.42

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 PageFOR LINE NUMBER:
(check only one)

PAGE 103 / 173

<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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1064

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

20.24

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
PittsburghState
PAZip Code
15250-Purpose of Disbursement
POSTAGE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1065

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	6

Amount of Each Disbursement this Period

18.14

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

56.52

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1067

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.14

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.24

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

56.52

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)

PAGE 105 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.24

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. Federal Express

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1068

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.24

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. Giant Eagle

Mailing Address Main Street

City
Monogahela

State
PA

Zip Code
15063-

Purpose of Disbursement
FOOD FOR VOLUNTEERS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1080

Date of Disbursement

/ /

Amount of Each Disbursement this Period

290.57

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

FOOD FOR VOLUNTEERS

SUBTOTAL of Disbursements This Page (optional)

331.05

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)

PAGE 106 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Lowes

Mailing Address Lowes Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

121.71

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

SUPPLIES

Full Name (Last, First, Middle Initial)

B. Lowes

Mailing Address Lowes Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1090

Date of Disbursement

/ /

Amount of Each Disbursement this Period

177.44

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

SUPPLIES

Full Name (Last, First, Middle Initial)

C. Lowes

Mailing Address Lowes Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1091

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.20

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

SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

334.35

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)

PAGE 107 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. Lowes Full Name (Last, First, Middle Initial) Mailing Address Lowes Plaza City Belle Vernon State PA Zip Code 15012- Purpose of Disbursement SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 61012.E1093 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 364.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPLIES
B. Lowes Full Name (Last, First, Middle Initial) Mailing Address Lowes Plaza City Belle Vernon State PA Zip Code 15012- Purpose of Disbursement SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 61012.E1092 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 14.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPLIES
C. Lowes Full Name (Last, First, Middle Initial) Mailing Address Lowes Plaza City Belle Vernon State PA Zip Code 15012- Purpose of Disbursement SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Transaction ID: 61012.E1094 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Amount of Each Disbursement this Period 83.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

462.31

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)

PAGE 108 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Lowes

Mailing Address Lowes Plaza

City
Belle Vernon

State
PA

Zip Code
15012-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

188.21

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

SUPPLIES

Full Name (Last, First, Middle Initial)

B. Lowes

Mailing Address Lowes Plaza

City
Belle Vernon

State
PA

Zip Code
15012-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.20

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

SUPPLIES

Full Name (Last, First, Middle Initial)

C. Lowes

Mailing Address Lowes Plaza

City
Belle Vernon

State
PA

Zip Code
15012-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1097

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.73

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

SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

279.14

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)

PAGE 109 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Metro Graphics

Mailing Address 124 North Street

City
Canonsburg

State
PA

Zip Code
15317-

Purpose of Disbursement
POSTCARDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

254.40

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

POSTCARDS

Full Name (Last, First, Middle Initial)

B. New Media

Mailing Address 3046 Brecksville Rd.

City
Richfield

State
OH

Zip Code
44286-

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

140.73

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

WEBSITE HOSTING

Full Name (Last, First, Middle Initial)

C. New Media

Mailing Address 3046 Brecksville Rd.

City
Richfield

State
OH

Zip Code
44286-

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1112

Date of Disbursement

/ /

Amount of Each Disbursement this Period

658.19

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

WEBSITE HOSTING

SUBTOTAL of Disbursements This Page (optional)

1053.32

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. New Media

Mailing Address 3046 Brecksville Rd.

City Richfield State OH Zip Code 44286-

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1113

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

150.00

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

WEBSITE HOSTING

Full Name (Last, First, Middle Initial)

B. Orbitz

Mailing Address via internet

City State Zip Code -

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1115

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

211.01

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

TRAVEL

Full Name (Last, First, Middle Initial)

C. Penn Print

Mailing Address 200 Main Street

City Butler State PA Zip Code 15314-

Purpose of Disbursement
MAGNETIC SIGNS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E682

Date of Disbursement

07 / 01 / 2006

Amount of Each Disbursement this Period

265.00

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

MAGNETIC SIGNS

SUBTOTAL of Disbursements This Page (optional)

626.01

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Penn Print

Mailing Address 200 Main Street

City State Zip Code
Butler PA 15314-

Purpose of Disbursement
11 X 17 SIGNS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

826.80

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

11 X 17 SIGNS

Full Name (Last, First, Middle Initial)

B. Penos

Mailing Address 600 Park Avenue

City State Zip Code
Monogahela PA 15063-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.00

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

RENT

Full Name (Last, First, Middle Initial)

C. Penos

Mailing Address 600 Park Avenue

City State Zip Code
Monogahela PA 15063-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1133

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.00

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

RENT

SUBTOTAL of Disbursements This Page (optional)

4126.80

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Penos

Mailing Address 600 Park Avenue

City Monogahela State PA Zip Code 15063-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E819

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1650.00

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

RENT

Full Name (Last, First, Middle Initial)

B. PEOPLE POWER OF AMERICA, L

Mailing Address PO Box 3659

City Jersey City State NJ Zip Code 07303-

Purpose of Disbursement
WEBSITE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1135

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

WEBSITE

Full Name (Last, First, Middle Initial)

C. Principle Development Limited

Mailing Address 1001 Eisenhower Blvd, Suite A

City Johnstown State PA Zip Code 15904-

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1136

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1125.00

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

RENT

SUBTOTAL of Disbursements This Page (optional)

4775.00

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 PageFOR 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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Principle Development Limited

Mailing Address 1001 Eisenhower Blvd, Suite A

City
JohnstownState
PAZip Code
15904-Purpose of Disbursement
RENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1137

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	6

Amount of Each Disbursement this Period

1125.00

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

RENT

Full Name (Last, First, Middle Initial)

B. R & L Carriers

Mailing Address PO Box 271

City
WilmingtonState
OHZip Code
45177-Purpose of Disbursement
FREIGHT ON SIGNS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1139

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	0	6

Amount of Each Disbursement this Period

201.58

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

FREIGHT ON SIGNS

Full Name (Last, First, Middle Initial)

C. Roll Call Newspaper

Mailing Address 50 F Streeet NW, Suite 700

City
WashingtonState
DCZip Code
20001-Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1156

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	0	6

Amount of Each Disbursement this Period

265.00

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

SUBSCRIPTION

SUBTOTAL of Disbursements This Page (optional)

1591.58

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
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Shawn Hensen

Mailing Address 111 Stone Brae Drive

City State Zip Code
 Finleyville PA 15332-

Purpose of Disbursement
 T-SHIRTS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1162

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1124.00

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

T-SHIRTS

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 796 Tri County Plaza

City State Zip Code
 Belle Vernon PA 15012-

Purpose of Disbursement
 OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

253.15

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

OFFICE EXPENSE

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 796 Tri County Plaza

City State Zip Code
 Belle Vernon PA 15012-

Purpose of Disbursement
 OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1169

Date of Disbursement

/ /

Amount of Each Disbursement this Period

646.75

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

2023.90

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
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1170

Date of Disbursement

/ /

Amount of Each Disbursement this Period

222.41

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E739

Date of Disbursement

/ /

Amount of Each Disbursement this Period

423.98

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

OFFICE EXPENSE

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E747

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.87

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

OFFICE EXPENSE

SUBTOTAL of Disbursements This Page (optional)

712.26

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1173

Date of Disbursement

/ /

Amount of Each Disbursement this Period

437.24

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

388.43

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1175

Date of Disbursement

/ /

Amount of Each Disbursement this Period

393.50

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

1219.17

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

508.85

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

329.53

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

OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 796 Tri County Plaza

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1178

Date of Disbursement

/ /

Amount of Each Disbursement this Period

365.63

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

1204.01

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.02

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

MILEAGE

Full Name (Last, First, Middle Initial)

B. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1181

Date of Disbursement

/ /

Amount of Each Disbursement this Period

376.03

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

MILEAGE

Full Name (Last, First, Middle Initial)

C. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1182

Date of Disbursement

/ /

Amount of Each Disbursement this Period

407.62

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

MILEAGE

SUBTOTAL of Disbursements This Page (optional)

1011.67

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:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City State Zip Code
 Finleyville PA 15332-

Purpose of Disbursement
 MILEAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1183

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.09

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

MILEAGE

Full Name (Last, First, Middle Initial)

B. TEREK ELECTRIC INC

Mailing Address 966 Mt Airy Dr

City State Zip Code
 Johnstown PA 15904-

Purpose of Disbursement
 PHONE INSTALLATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

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

PHONE INSTALLATION

Full Name (Last, First, Middle Initial)

C. The Richard Norman Company

Mailing Address 44084 Riverside Pwy

City State Zip Code
 Lansdowne VA 20176-

Purpose of Disbursement
 FUNDRAISER MAILING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1140

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18674.30

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

FUNDRAISER MAILING

SUBTOTAL of Disbursements This Page (optional)

19231.39

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 PageFOR 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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. The Richard Norman Company

Mailing Address 44084 Riverside Pwy

City
LansdowneState
VAZip Code
20176-Purpose of Disbursement
POLLING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1188

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	6

Amount of Each Disbursement this Period

21015.36

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

POLLING

Full Name (Last, First, Middle Initial)

B. The Richard Norman Company

Mailing Address 44084 Riverside Pwy

City
LansdowneState
VAZip Code
20176-Purpose of Disbursement
DIRECT MAIL - FUNDRAISING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E857

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	6

Amount of Each Disbursement this Period

34825.00

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

DIRECT MAIL - FUNDRAISING

Full Name (Last, First, Middle Initial)

C. TigerDirect.com

Mailing Address 175 Ambassador Drive

City
NapervilleState
ILZip Code
60540-Purpose of Disbursement
COMPUTER SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1191

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	6

Amount of Each Disbursement this Period

630.65

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

COMPUTER SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

56471.01

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. TigerDirect.com

Mailing Address 175 Ambassador Drive

City Naperville State IL Zip Code 60540-

Purpose of Disbursement
COMPUTER SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

961.98

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

COMPUTER SUPPLIES

Full Name (Last, First, Middle Initial)

B. TigerDirect.com

Mailing Address 175 Ambassador Drive

City Naperville State IL Zip Code 60540-

Purpose of Disbursement
COMPUTER SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1194

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1607.92

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

COMPUTER SUPPLIES

Full Name (Last, First, Middle Initial)

C. TigerDirect.com

Mailing Address 175 Ambassador Drive

City Naperville State IL Zip Code 60540-

Purpose of Disbursement
COMPUTER SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

238.72

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

COMPUTER SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

2808.62

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. TigerDirect.com

Mailing Address 175 Ambassador Drive

City Naperville State IL Zip Code 60540-

Purpose of Disbursement
COMPUTER SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E954

Date of Disbursement

/ /

Amount of Each Disbursement this Period

568.72

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

COMPUTER SUPPLIES

Full Name (Last, First, Middle Initial)

B. Urquhart Media, LLC

Mailing Address 118 N. Clinton St, Suite 102

City Chicago State IL Zip Code 60661-

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10800.00

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

CAMPAIGN CONSULTING

Full Name (Last, First, Middle Initial)

C. Urquhart Media, LLC

Mailing Address 118 N. Clinton St, Suite 102

City Chicago State IL Zip Code 60661-

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

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

CAMPAIGN CONSULTING

SUBTOTAL of Disbursements This Page (optional)

21368.72

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 PageFOR 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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Urquhart Media, LLC

Mailing Address 118 N. Clinton St, Suite 102

City
ChicagoState
ILZip Code
60661-Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1203

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	6

Amount of Each Disbursement this Period

10000.00

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

CAMPAIGN CONSULTING

Full Name (Last, First, Middle Initial)

B. Urquhart Media, LLC

Mailing Address 118 N. Clinton St, Suite 102

City
ChicagoState
ILZip Code
60661-Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1204

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

10000.00

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

CAMPAIGN CONSULTING

Full Name (Last, First, Middle Initial)

C. Yahoo!!Hotel Reservations

Mailing Address via internet

City

State

Zip Code
-Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1243

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

Amount of Each Disbursement this Period

192.06

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

TRAVEL

SUBTOTAL of Disbursements This Page (optional)

20192.06

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

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Yahoo!!Hotel Reservations

Mailing Address via internet

City State Zip Code

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

192.06

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

TRAVEL

Full Name (Last, First, Middle Initial)

B. 1871 MEDIA LLC

Mailing Address PO Box 11687

City State Zip Code
 Milwaukee WI 53211-

Purpose of Disbursement

WEB SITE UPGRADE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E862

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

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

WEB SITE UPGRADE

Full Name (Last, First, Middle Initial)

C. Accessline Onenumber

Mailing Address Online

City State Zip Code

Purpose of Disbursement

FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.29

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

FEES

SUBTOTAL of Disbursements This Page (optional)

1204.35

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Accessline Onenumber

Mailing Address Online

City State Zip Code

Purpose of Disbursement
OFFICE EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1025

Date of Disbursement

/ /

Amount of Each Disbursement this Period

48.26

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

OFFICE EXPENSES

Full Name (Last, First, Middle Initial)

B. Accessline Onenumber

Mailing Address Online

City State Zip Code

Purpose of Disbursement
OFFICE EXPENSES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1267

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.30

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

OFFICE EXPENSES-UNDER \$200

Full Name (Last, First, Middle Initial)

C. Accessline Onenumber

Mailing Address Online

City State Zip Code

Purpose of Disbursement
FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1029

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.91

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

FEES

SUBTOTAL of Disbursements This Page (optional)

360.47

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

FEC Schedule B (Form 3) Rev. 02/2003

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. BADZIK PRINTING

Mailing Address PO Box 242

City Donora State PA Zip Code 15033-

Purpose of Disbursement
BUSINESS CARDS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E693

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

BUSINESS CARDS

Full Name (Last, First, Middle Initial)

B. BADZIK PRINTING

Mailing Address PO Box 242

City Donora State PA Zip Code 15033-

Purpose of Disbursement
INVITES ENVELOPES LETTERHEAD

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

INVITES ENVELOPES LETTERHEAD

Full Name (Last, First, Middle Initial)

C. BADZIK PRINTING

Mailing Address PO Box 242

City Donora State PA Zip Code 15033-

Purpose of Disbursement
INVITE ENVELOPES LETTERHEAD

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E756

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

INVITE ENVELOPES LETTERHEAD

SUBTOTAL of Disbursements This Page (optional)

2317.90

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)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. BADZIK PRINTING

Mailing Address PO Box 242

City Donora	State PA	Zip Code 15033-
----------------	-------------	--------------------

 Purpose of Disbursement
POSTCARDS

Candidate Name

 Category/
Type

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E836

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	0	6

Amount of Each Disbursement this Period

450.50

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

POSTCARDS

Full Name (Last, First, Middle Initial)

B. BADZIK PRINTING

Mailing Address PO Box 242

City Donora	State PA	Zip Code 15033-
----------------	-------------	--------------------

 Purpose of Disbursement
PRINTING

Candidate Name

 Category/
Type

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1019

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Amount of Each Disbursement this Period

402.80

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

PRINTING

Full Name (Last, First, Middle Initial)

C. Betty Bazant

Mailing Address 968 Weirich Ave

City Washington	State PA	Zip Code 15301-2450
--------------------	-------------	------------------------

 Purpose of Disbursement
1ST CLASS AIRFARE

Candidate Name

 Category/
Type

 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.C3135IK

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	6

Amount of Each Disbursement this Period

1254.19

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

IN KIND: 1ST CLASS AIRFARE

SUBTOTAL of Disbursements This Page (optional) ►

2107.49

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address Route 51

City
West Mifflin

State
PA

Zip Code
15236-

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.55

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

OFFICE EXPENSE

Full Name (Last, First, Middle Initial)

B. Best Buy

Mailing Address Route 51

City
West Mifflin

State
PA

Zip Code
15236-

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E983

Date of Disbursement

/ /

Amount of Each Disbursement this Period

385.18

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

OFFICE EXPENSE

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address 300 Corliss Street

City
Pittsburgh

State
PA

Zip Code
15220-

Purpose of Disbursement
INTERNET SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

95.00

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

INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional)

580.73

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Comcast

Mailing Address 300 Corliss Street

City
Pittsburgh

State
PA

Zip Code
15220-

Purpose of Disbursement
INTERNET SERVICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E692

Date of Disbursement

/ /

Amount of Each Disbursement this Period

256.64

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

INTERNET SERVICE

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address 300 Corliss Street

City
Pittsburgh

State
PA

Zip Code
15220-

Purpose of Disbursement
INTERNET

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.14

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

INTERNET

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address 300 Corliss Street

City
Pittsburgh

State
PA

Zip Code
15220-

Purpose of Disbursement
INTERNET

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E851

Date of Disbursement

/ /

Amount of Each Disbursement this Period

172.38

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

INTERNET

SUBTOTAL of Disbursements This Page (optional)

466.16

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 PageFOR 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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Dell Financial Services

Mailing Address Online

City State Zip Code

Purpose of Disbursement
OFFICE EXPENSES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1261

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	6

Amount of Each Disbursement this Period

280.00

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

OFFICE EXPENSES

Full Name (Last, First, Middle Initial)

B. Dell Financial Services

Mailing Address Online

City State Zip Code

Purpose of Disbursement
OFFICE EXPENSES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1262

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	0	6

Amount of Each Disbursement this Period

191.53

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

OFFICE EXPENSES

Full Name (Last, First, Middle Initial)

C. Dell Financial Services

Mailing Address Online

City State Zip Code

Purpose of Disbursement
OFFICE EXPENSES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1263

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	0	6

Amount of Each Disbursement this Period

271.08

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

OFFICE EXPENSES

SUBTOTAL of Disbursements This Page (optional)

742.61

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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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. DON SIGNS

Mailing Address 116 Seventh Street

City Brookfield State MA Zip Code 01506-

Purpose of Disbursement
CAMPAIGN SIGNS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E764

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.00

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

CAMPAIGN SIGNS

Full Name (Last, First, Middle Initial)

B. DON SIGNS

Mailing Address 116 Seventh Street

City Brookfield State MA Zip Code 01506-

Purpose of Disbursement
CAMPAIGN BANNER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E763

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.00

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

CAMPAIGN BANNER

Full Name (Last, First, Middle Initial)

C. Edonation

Mailing Address via internet

City State Zip Code -

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

67.60

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

PROCESSING FEES

SUBTOTAL of Disbursements This Page (optional)

279.60

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

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. Edonation Full Name (Last, First, Middle Initial) Mailing Address via internet City State Zip Code - Purpose of Disbursement PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E951 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6 Amount of Each Disbursement this Period 388.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PROCESSING FEES
B. Exceptional Events Full Name (Last, First, Middle Initial) Mailing Address 3 Wilmont Ave. City Washington State PA Zip Code 15301- Purpose of Disbursement EVENT EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E678 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 316.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT EXPENSE
C. Exceptional Events Full Name (Last, First, Middle Initial) Mailing Address 3 Wilmont Ave. City Washington State PA Zip Code 15301- Purpose of Disbursement FUNDRAISING EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E765 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 202.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING EVENT

SUBTOTAL of Disbursements This Page (optional)

906.20

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Globallink Technologies

Mailing Address via internet

City State Zip Code

Purpose of Disbursement
COMPUTERS FOR OFFICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E955

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

COMPUTERS FOR OFFICE

Full Name (Last, First, Middle Initial)

B. Russell Howell

Mailing Address 510 E. Beall Street

City State Zip Code
Washington PA 15301-

Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1158

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

MILEAGE SUPPLIES-UNDER \$2-
00

Full Name (Last, First, Middle Initial)

C. Russell Howell

Mailing Address 510 E. Beall Street

City State Zip Code
Washington PA 15301-

Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1159

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

MILEAGE SUPPLIES-UNDER \$2-
00

SUBTOTAL of Disbursements This Page (optional)

1368.13

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:
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Russell Howell

Mailing Address 510 E. Beall Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
MILEAGE SUPPLIES-UNDER \$200

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1160

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

557.21

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

MILEAGE SUPPLIES-UNDER \$2-
00

Full Name (Last, First, Middle Initial)

B. TIM HUTCHKO

Mailing Address 117 Greenridge Drive

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
COMPUTER CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1195

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

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

COMPUTER CONSULTING

Full Name (Last, First, Middle Initial)

C. TAMMY HYSLOP

Mailing Address 704 9th Street

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E810

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

696.00

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

FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)

2253.21

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
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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Tawny Hyslop

Mailing Address 704 9th St

City Monogahela State PA Zip Code 15063-2252

Purpose of Disbursement
FUNDRAISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

325.37

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

FUNDRAISING

Full Name (Last, First, Middle Initial)

B. Tawny Hyslop

Mailing Address 704 9th St

City Monogahela State PA Zip Code 15063-2252

Purpose of Disbursement
FUNDRAISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1265

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1068.07

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

FUNDRAISING

Full Name (Last, First, Middle Initial)

C. Intuit-Quickbooks

Mailing Address on-line

City State Zip Code -

Purpose of Disbursement
FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.05

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

FEES

SUBTOTAL of Disbursements This Page (optional)

1430.49

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. McDonalds

Mailing Address 575 Morgantown

City
Uniontown

State
PA

Zip Code
15401-

Purpose of Disbursement
BIG MAC PROMOTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E780

Date of Disbursement

/ /

Amount of Each Disbursement this Period

557.92

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

BIG MAC PROMOTION

Full Name (Last, First, Middle Initial)

B. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
MERCHANT ACCOUNT SET UP

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

MERCHANT ACCOUNT SET UP

Full Name (Last, First, Middle Initial)

C. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
HOTEL ROOM WASHINGTON DC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61206.E693

Date of Disbursement

/ /

Amount of Each Disbursement this Period

780.08

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

HOTEL ROOM WASHINGTON DC

SUBTOTAL of Disbursements This Page (optional)

1588.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. National City Bank

Mailing Address 3500 Extension Ave

City Finleyville State PA Zip Code 15332-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1248

Date of Disbursement

/ /

Amount of Each Disbursement this Period

879.00

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

TRAVEL

Full Name (Last, First, Middle Initial)

B. National City Bank

Mailing Address 3500 Extension Ave

City Finleyville State PA Zip Code 15332-

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E941

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.32

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

MERCHANT FEES

Full Name (Last, First, Middle Initial)

C. National City Bank

Mailing Address 3500 Extension Ave

City Finleyville State PA Zip Code 15332-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1249

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

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

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

927.32

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. National City Bank

Mailing Address 3500 Extension Ave

City State Zip Code
Finleyville PA 15332-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E937

Date of Disbursement

/ /

Amount of Each Disbursement this Period

158.80

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

BANK FEES

Full Name (Last, First, Middle Initial)

B. National City Bank

Mailing Address 3500 Extension Ave

City State Zip Code
Finleyville PA 15332-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E936

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.00

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

BANK FEES

Full Name (Last, First, Middle Initial)

C. National City Bank

Mailing Address 3500 Extension Ave

City State Zip Code
Finleyville PA 15332-

Purpose of Disbursement
MERCHANT ACCOUNT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E943

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.32

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

MERCHANT ACCOUNT FEES

SUBTOTAL of Disbursements This Page (optional)

223.12

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
BANK CHARGES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E944

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

107.32

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

BANK CHARGES

Full Name (Last, First, Middle Initial)

B. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
WIRE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E934

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

17.00

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

WIRE FEES

Full Name (Last, First, Middle Initial)

C. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E933

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1.50

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

BANK FEES

SUBTOTAL of Disbursements This Page (optional)

125.82

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E935

Date of Disbursement

/ /

Amount of Each Disbursement this Period

186.80

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

BANK FEES

Full Name (Last, First, Middle Initial)

B. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
MERCHANT ACCOUNT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E948

Date of Disbursement

/ /

Amount of Each Disbursement this Period

163.28

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

MERCHANT ACCOUNT FEES

Full Name (Last, First, Middle Initial)

C. National City Bank

Mailing Address 3500 Extension Ave

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
MERCHANT ACCOUNT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E949

Date of Disbursement

/ /

Amount of Each Disbursement this Period

648.80

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

MERCHANT ACCOUNT FEES

SUBTOTAL of Disbursements This Page (optional)

998.88

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. National City Bank

Mailing Address 3500 Extension Ave

City Finleyville State PA Zip Code 15332-

Purpose of Disbursement
MERCHANT ACCOUNT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E946

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

52.83

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

MERCHANT ACCOUNT FEES

Full Name (Last, First, Middle Initial)

B. National City Bank

Mailing Address 3500 Extension Ave

City Finleyville State PA Zip Code 15332-

Purpose of Disbursement
MERCHANT ACCOUNT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E945

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

36.65

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

MERCHANT ACCOUNT FEES

Full Name (Last, First, Middle Initial)

C. National City Bank

Mailing Address 3500 Extension Ave

City Finleyville State PA Zip Code 15332-

Purpose of Disbursement
MERCHANT ACCOUNT FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E947

Date of Disbursement

09 / 30 / 2006

Amount of Each Disbursement this Period

42.53

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

MERCHANT ACCOUNT FEES

SUBTOTAL of Disbursements This Page (optional)

132.01

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

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. National Finance Center

Mailing Address PO Box 790341

City
St. Louis

State
MO

Zip Code
63179-

Purpose of Disbursement
COBRA INSURANCE FOR EMPLOYEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1109

Date of Disbursement

/ /

Amount of Each Disbursement this Period

813.70

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

COBRA INSURANCE FOR EMPLOYEE

Full Name (Last, First, Middle Initial)

B. National Finance Center

Mailing Address PO Box 790341

City
St. Louis

State
MO

Zip Code
63179-

Purpose of Disbursement
COBRA INSURANCE FOR EMPLOYEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1247

Date of Disbursement

/ /

Amount of Each Disbursement this Period

827.04

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

COBRA INSURANCE FOR EMPLOYEE

Full Name (Last, First, Middle Initial)

C. Office Max

Mailing Address Route 51

City
West Mifflin

State
PA

Zip Code
15236-

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

641.97

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

2282.71

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

117.56

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

PAYROLL PROCESSING

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1753.56

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1290

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4173.41

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

PAYROLL SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

6044.53

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1741.14

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Brett Clark

Mailing Address 1026 Old Orchard Dr

City Gibsonia State PA Zip Code 1504 -

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1294

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1041.70

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Russell Howell

Mailing Address 510 E. Beall Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1322

Date of Disbursement

/ /

Amount of Each Disbursement this Period

575.55

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. ROBERT ROTH

Mailing Address 1703 4th Street

City
MonongahelaState
PAZip Code
15063-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1312

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	6

Amount of Each Disbursement this Period

815.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City
PittsburghState
PAZip Code
15220-Purpose of Disbursement
PAYROLL SEE BELOW

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1292

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	6

Amount of Each Disbursement this Period

4173.41

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

PAYROLL SEE BELOW

Full Name (Last, First, Middle Initial)

C. Jason Davidek

Mailing Address 9301 Route 908

City
TarentumState
PAZip Code
15084-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	6

Amount of Each Disbursement this Period

1741.14

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4173.41

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Brett Clark

Mailing Address 1026 Old Orchard Dr

City Gibsonia State PA Zip Code 1504 -

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1295

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1041.70

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Russell Howell

Mailing Address 510 E. Beall Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1323

Date of Disbursement

/ /

Amount of Each Disbursement this Period

575.55

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. ROBERT ROTH

Mailing Address 1703 4th Street

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

815.02

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

0.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1293

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1715.62

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

129.38

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

PAYROLL PROCESSING

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4602.69

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

PAYROLL SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

6447.69

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Jason Davidek

Mailing Address 9301 Route 908

City
Tarentum

State
PA

Zip Code
15084-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1302

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1741.14

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Brett Clark

Mailing Address 1026 Old Orchard Dr

City
Gibsonia

State
PA

Zip Code
1504 -

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1041.70

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1318

Date of Disbursement

/ /

Amount of Each Disbursement this Period

429.28

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

0.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Russell Howell

Mailing Address 510 E. Beall Street

City
Washington

State
PA

Zip Code
15301-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1324

Date of Disbursement

/ /

Amount of Each Disbursement this Period

575.55

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. ROBERT ROTH

Mailing Address 1703 4th Street

City
Monongahela

State
PA

Zip Code
15063-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

815.02

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City
Pittsburgh

State
PA

Zip Code
15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1828.59

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

1828.59

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1122

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

4602.69

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

PAYROLL SEE BELOW

Full Name (Last, First, Middle Initial)

B. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1303

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1741.14

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Brett Clark

Mailing Address 1026 Old Orchard Dr

City Gibsonia State PA Zip Code 1504 -

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1297

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

1041.70

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4602.69

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:
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City State Zip Code
 Finleyville PA 15332-

Purpose of Disbursement
 PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

429.28

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Russell Howell

Mailing Address 510 E. Beall Street

City State Zip Code
 Washington PA 15301-

Purpose of Disbursement
 PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1325

Date of Disbursement

/ /

Amount of Each Disbursement this Period

575.55

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. ROBERT ROTH

Mailing Address 1703 4th Street

City State Zip Code
 Monongahela PA 15063-

Purpose of Disbursement
 PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1315

Date of Disbursement

/ /

Amount of Each Disbursement this Period

815.02

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

0.00

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 PageFOR LINE NUMBER:
(check only one)

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<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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1123

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	6

Amount of Each Disbursement this Period

1828.59

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1124

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	6

Amount of Each Disbursement this Period

127.32

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL SEE BELOW

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1125

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	6

Amount of Each Disbursement this Period

4602.69

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

PAYROLL SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

6558.60

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Jason Davidek

Mailing Address 9301 Route 908

City
Tarentum

State
PA

Zip Code
15084-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1304

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1741.14

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Brett Clark

Mailing Address 1026 Old Orchard Dr

City
Gibsonia

State
PA

Zip Code
1504 -

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1298

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1041.70

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City
Finleyville

State
PA

Zip Code
15332-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

429.28

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

0.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Russell Howell

Mailing Address 510 E. Beall Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1326

Date of Disbursement

09 / 14 / 2006

Amount of Each Disbursement this Period

575.55

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. ROBERT ROTH

Mailing Address 1703 4th Street

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1316

Date of Disbursement

09 / 14 / 2006

Amount of Each Disbursement this Period

815.02

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1126

Date of Disbursement

09 / 15 / 2006

Amount of Each Disbursement this Period

1828.59

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

PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional)

1828.59

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)

PAGE 156 / 173

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1127

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

4639.96

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

PAYROLL SEE BELOW

Full Name (Last, First, Middle Initial)

B. Jason Davidek

Mailing Address 9301 Route 908

City Tarentum State PA Zip Code 15084-

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61013.E1305

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

1741.14

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

[MEMO ITEM]

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. Brett Clark

Mailing Address 1026 Old Orchard Dr

City Gibsonia State PA Zip Code 1504 -

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61013.E1299

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

1078.97

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

[MEMO ITEM]

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4639.96

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 PageFOR LINE NUMBER:
(check only one)

PAGE 157 / 173

<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)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Tammy Davis

Mailing Address 3727 Finely-Elrama Rd.

City
FinleyvilleState
PAZip Code
15332-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1321

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

Amount of Each Disbursement this Period

429.28

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

B. Russell Howell

Mailing Address 510 E. Beall Street

City
WashingtonState
PAZip Code
15301-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1327

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

Amount of Each Disbursement this Period

575.55

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: PAYROLL

Full Name (Last, First, Middle Initial)

C. ROBERT ROTH

Mailing Address 1703 4th Street

City
MonongahelaState
PAZip Code
15063-Purpose of Disbursement
PAYROLL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61013.E1317

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	6

Amount of Each Disbursement this Period

815.02

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: PAYROLL

SUBTOTAL of Disbursements This Page (optional)

0.00

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address Foster Plaza IX, 750 Holiday Drive

City Pittsburgh State PA Zip Code 15220-

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1791.33

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

PAYROLL TAXES

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address via internet

City State Zip Code -

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

193.79

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

PROCESSING FEES

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address via internet

City State Zip Code -

Purpose of Disbursement
PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E953

Date of Disbursement

/ /

Amount of Each Disbursement this Period

75.19

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

PROCESSING FEES

SUBTOTAL of Disbursements This Page (optional)

2060.31

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. ROBERT ROTH

Mailing Address 1703 4th Street

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1154

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

47.40

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

TRAVEL

Full Name (Last, First, Middle Initial)

B. ROBERT ROTH

Mailing Address 1703 4th Street

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1250

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

60.97

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

TRAVEL

Full Name (Last, First, Middle Initial)

C. ROBERT ROTH

Mailing Address 1703 4th Street

City Monongahela State PA Zip Code 15063-

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1142

Date of Disbursement

09 / 01 / 2006

Amount of Each Disbursement this Period

85.00

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

TRAVEL

SUBTOTAL of Disbursements This Page (optional)

193.37

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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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. SIGNS PLUS

Mailing Address 1342 Greenbag Rd

City Morgantown State WV Zip Code 26508-

Purpose of Disbursement
CAMPAIGN SIGNS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1164

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9000.00

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

CAMPAIGN SIGNS

Full Name (Last, First, Middle Initial)

B. T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
CAMPAIGN PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

663.37

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

CAMPAIGN PHONE

Full Name (Last, First, Middle Initial)

C. T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
CAMPAIGN PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1197

Date of Disbursement

/ /

Amount of Each Disbursement this Period

669.93

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

CAMPAIGN PHONE

SUBTOTAL of Disbursements This Page (optional)

10333.30

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

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
CAMPAIGN PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1198

Date of Disbursement

08 / 08 / 2006

Amount of Each Disbursement this Period

397.89

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

CAMPAIGN PHONE

Full Name (Last, First, Middle Initial)

B. T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
CAMPAIGN PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1199

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

322.49

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

CAMPAIGN PHONE

Full Name (Last, First, Middle Initial)

C. T-Mobile

Mailing Address PO Box 742596

City Cincinnati State OH Zip Code 45274-

Purpose of Disbursement
CAMPAIGN PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1200

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

1096.24

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

CAMPAIGN PHONE

SUBTOTAL of Disbursements This Page (optional)

1816.62

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. The Tribune Democrat

Mailing Address PO Box 340
425 Locust Street

City Johnstown State PA Zip Code 15907-0340

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1289

Date of Disbursement

08 / 21 / 2006

Amount of Each Disbursement this Period

309.62

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

OFFICE EXPENSE

Full Name (Last, First, Middle Initial)

B. US Air

Mailing Address online

City State Zip Code -

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1206

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

304.51

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

TRAVEL

Full Name (Last, First, Middle Initial)

C. US Air

Mailing Address online

City State Zip Code -

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1205

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

304.51

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

TRAVEL

SUBTOTAL of Disbursements This Page (optional)

918.64

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address Main Street

City New Eagle State PA Zip Code 15067-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1207

Date of Disbursement

/ /

Amount of Each Disbursement this Period

390.00

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

POSTAGE

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address Main Street

City New Eagle State PA Zip Code 15067-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E722

Date of Disbursement

/ /

Amount of Each Disbursement this Period

58.80

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

POSTAGE

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address Main Street

City New Eagle State PA Zip Code 15067-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1209

Date of Disbursement

/ /

Amount of Each Disbursement this Period

390.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

838.80

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

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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1210 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Amount of Each Disbursement this Period 585.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1211 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1212 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 1950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)

2925.00

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:
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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1213 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 Amount of Each Disbursement this Period 1563.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1214 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 320.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E882 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 1950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)

3833.58

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:
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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1215 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1217 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 360.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1218 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
SUBTOTAL of Disbursements This Page (optional) ▶		740.00
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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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1219 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1220 Date of Disbursement 09 / 25 / 2006 Amount of Each Disbursement this Period 310.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C. USPS Full Name (Last, First, Middle Initial) Mailing Address Main Street City New Eagle State PA Zip Code 15067- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1221 Date of Disbursement 09 / 29 / 2006 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)

710.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 17464

City
Charlestown

State
MA

Zip Code
02129-

Purpose of Disbursement
CAMPAIGN PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1253

Date of Disbursement

/ /

Amount of Each Disbursement this Period

213.96

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

CAMPAIGN PHONES

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 17464

City
Charlestown

State
MA

Zip Code
02129-

Purpose of Disbursement
CAMPAIGN PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1254

Date of Disbursement

/ /

Amount of Each Disbursement this Period

406.56

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

CAMPAIGN PHONES

Full Name (Last, First, Middle Initial)

C. Verizon

Mailing Address PO Box 17464

City
Charlestown

State
MA

Zip Code
02129-

Purpose of Disbursement
CAMPAIGN PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1255

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.00

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

CAMPAIGN PHONES

SUBTOTAL of Disbursements This Page (optional)

727.52

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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NAME OF COMMITTEE (In Full)
Diana Irey for Congress

A. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 17464 City Charlestown State MA Zip Code 02129- Purpose of Disbursement CAMPAIGN PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E940 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 525.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN PHONE
B. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 17464 City Charlestown State MA Zip Code 02129- Purpose of Disbursement CAMPAIGN PHONES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E1257 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 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 CAMPAIGN PHONES
C. Verizon Full Name (Last, First, Middle Initial) Mailing Address PO Box 17464 City Charlestown State MA Zip Code 02129- Purpose of Disbursement CAMPAIGN PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 61012.E939 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 697.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN PHONE

SUBTOTAL of Disbursements This Page (optional)

1822.80

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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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 17464

City
Charlestown

State
MA

Zip Code
02129-

Purpose of Disbursement
CAMPAIGN PHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E834

Date of Disbursement

/ /

Amount of Each Disbursement this Period

385.71

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

CAMPAIGN PHONE

Full Name (Last, First, Middle Initial)

B. Verizon

Mailing Address PO Box 17464

City
Charlestown

State
MA

Zip Code
02129-

Purpose of Disbursement
CAMPAIGN PHONES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

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

CAMPAIGN PHONES

Full Name (Last, First, Middle Initial)

C. Vernon Sales Promotion

Mailing Address PO Box 600

City
Newton

State
IA

Zip Code
50208-

Purpose of Disbursement
BALLOONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1510.33

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

BALLOONS

SUBTOTAL of Disbursements This Page (optional)

1911.04

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

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. WASHINGTON COUNTY FAIR

Mailing Address 100 West Beau Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
BOOTH

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1233

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

150.00

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

BOOTH

Full Name (Last, First, Middle Initial)

B. WASHINGTON COUNTY FAIR

Mailing Address 100 West Beau Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
FAIR PASSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1234

Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

200.00

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

FAIR PASSES

Full Name (Last, First, Middle Initial)

C. WASHINGTON COUNTY FAIR

Mailing Address 100 West Beau Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1235

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

722.60

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

SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

1072.60

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
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. WASHINGTON COUNTY FAIR

Mailing Address 100 West Beau Street

City Washington State PA Zip Code 15301-

Purpose of Disbursement
PARK RESERVATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1236

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

75.00

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

PARK RESERVATION

Full Name (Last, First, Middle Initial)

B. Welding Equip & Repair

Mailing Address 325 County Club Rd

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
HELIUM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1237

Date of Disbursement

08 / 15 / 2006

Amount of Each Disbursement this Period

68.90

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

HELIUM

Full Name (Last, First, Middle Initial)

C. Welding Equip & Repair

Mailing Address 325 County Club Rd

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
HELIUM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 61012.E1238

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

26.50

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

HELIUM

SUBTOTAL of Disbursements This Page (optional)

170.40

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Diana Irey for Congress

Full Name (Last, First, Middle Initial)

A. Welding Equip & Repair

Mailing Address 325 County Club Rd

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
HELIUM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1239

Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

91.69

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

HELIUM

Full Name (Last, First, Middle Initial)

B. Welding Equip & Repair

Mailing Address 325 County Club Rd

City Belle Vernon State PA Zip Code 15012-

Purpose of Disbursement
HELIUM

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1240

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

34.45

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

HELIUM

Full Name (Last, First, Middle Initial)

C. WKH CONSULTING LLC

Mailing Address PO Box 2560

City Richmond State VA Zip Code 23218-

Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 61012.E1242

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

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

CAMPAIGN CONSULTING

SUBTOTAL of Disbursements This Page (optional)

5126.14

TOTAL This Period (last page this line number only)

257452.37