

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

Kuhl for Congress

ADDRESS (number and street)

10 Gansevoort St.

Check if different than previously reported. (ACC)

Bath

NY

14810

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00388173

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

29

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

10

19

2006

through

11

27

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

Sharon A. Gunsolus

Signature of Treasurer

Electronically Filed by Sharon A. Gunsolus

Date

07

15

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							
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FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kuhl for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	1

D	D
2	7

Y	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)).....	155239.00	1489337.22
(b) Total Contribution Refunds (from Line 20(d)).....	1800.00	5402.35
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	153439.00	1483934.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	327219.29	1353700.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15802.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	327219.29	1337898.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21850.46	
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).....	41326.99	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Kuhl for Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="07"/> <input type="text" value="2006"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="08"/> <input type="text" value="2006"/> (date after general election)
<input type="text" value="21475.00"/>		through <input type="text" value="11"/> <input type="text" value="27"/> <input type="text" value="2006"/> (last day of reporting period)
(ii) Unitemized <input type="text" value="4589.00"/>		
(iii) Total of contributions from individuals <input type="text" value="26064.00"/>	<input type="text" value="493642.98"/>	<input type="text" value="0.00"/>
(b) Political Party Committees <input type="text" value="1500.00"/>	<input type="text" value="8818.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees <input type="text" value="127675.00"/>	<input type="text" value="986876.24"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 155239.00	1489337.22	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	0.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	15802.63	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 155239.00	1505139.85	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Kuhl for Congress

Report the covering period

From:

10

19

2006

To:

11

27

2006

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
327219.29	1353700.90	151352.10
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	8000.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	8000.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
1300.00	3200.00	1300.00
(b) Political Party Committees		
0.00	250.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

500.00	1952.35	500.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

1800.00	5402.35	1800.00
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21. OTHER DISBURSEMENTS

0.00	10638.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

329019.29	1377741.25	153152.10
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

153439.00	1483934.87	-1800.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

327219.29	1337898.27	151352.10
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	195630.75
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	155239.00
25. SUBTOTAL(add Line 23 and Line 24)	350869.75
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	329019.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	21850.46

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 84
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. 21st Century Freedom PAC, Inc.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address Federal Funds 355 Lexington Ave., Suite 1001		Transaction ID: 61205.C9114
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 5000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. AGC Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 2300 Wilson Blvd., Ste 400		Transaction ID: 61205.C9046
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 7000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Agricultural Retailers Association		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address Political Action Committee 1156 15th Street, N.W., Ste 302		Transaction ID: 61205.C9072
City State Zip Code Washington DC 20005-1745	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Air Line Pilots Association Intl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address Political Action Committee (ALPA-P) 1625 Massachusetts Ave., N.W.		Transaction ID: 61205.C9021
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. AISI-Steel PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 1140 Connecticut Avenue NW, Sute 705		Transaction ID: 61205.C9045
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. AISI-Steel PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 1140 Connecticut Avenue NW, Sute 705		Transaction ID: 61205.C9113
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Altria Group, Inc. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address Multicandidate Committee 120 Park Avenue		Transaction ID: 61205.C9062
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. American Meat Inst. PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 1150 Connecticut Avenue, NW Suite 1200		Transaction ID: 61205.C9049
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. American Motorcyclist PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address 13414 Yarmouth Drive		Transaction ID: 61205.C9043
City State Zip Code Pickerington OH 43147	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. American Success PAC

Full Name (Last, First, Middle Initial)
A Multicandidate Committee

Mailing Address 1155 21st Street, NW

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9063

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. ANLA PAC-American Nursery &

Full Name (Last, First, Middle Initial)
Landscaping Assoc. PAC

Mailing Address 1000 Vermont Avenue

City Washington State DC Zip Code 20005-4914

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9065

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. Back Americas Conservatives Political

Full Name (Last, First, Middle Initial)
Action Committee

Mailing Address 616 E Street, NW Suite 802

City Washington State DC Zip Code 20004

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 Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61205.C9022

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) ► **7000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Buck McKeon for Congress		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 24265 San Fernando Road		Transaction ID: 61205.C9011
City State Zip Code Santa Clarita CA 91321	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. BUILDPAC Build Political Action Committe		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address of the Natl. Association of Home B 1201 15th Street NW		Transaction ID: 61205.C9117
City State Zip Code Washington DC 20005-2800	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 9000.00	

Full Name (Last, First, Middle Initial) C. Campaign for Working Families		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 2800 South Shirlington Road Suite 930		Transaction ID: 61205.C9069
City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Charlie Norwood for Congress Committee Mailing Address P. O. Box 499 City Evans State GA Zip Code 30809 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 61205.C9092 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00

B. Full Name (Last, First, Middle Initial) Citigroup Inc. Mailing Address Political Action Committee - Feder 1101 Pennsylvania Avenue, NW City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Transaction ID: 61205.C9181 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)
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 ▼ 2000.00

C. Full Name (Last, First, Middle Initial) Citizens for Larkin Mailing Address William Larkin P.O. Box 4321 City New Windsor State NY Zip Code 12553 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 61205.C9083 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)
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 ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Conocophillips Spirit Pac

Mailing Address 1776 I Street, NW, Suite 700

City State Zip Code
Washington DC 20006

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 Y
 1 0 / 2 3 / 2 0 0 6

Transaction ID: 61205.C9023

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)
Conservative & Republican Together

Mailing Address Equals Results (C.A.R.T.E.R. PAC)
7315 Wisconsin Avenue, Suite 705 E

City State Zip Code
Bethesda MD 20814

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 Y
 1 1 / 0 6 / 2 0 0 6

Transaction ID: 61205.C9159

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)
Continuing A Majority Party Action

Mailing Address Committee (CAMPAC)
5915 Eastman Ave., Suite 100

City State Zip Code
Midland MI 48640

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 Y
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 61205.C9091

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 14 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input 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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Cooper Industries Political Action Commi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address Committee P. O. Box 4446		Transaction ID: 61205.C9018
City Houston	State TX	Zip Code 77210
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)
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. DELOITTE & TOUCHE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address Federal Political Action Committee A Multicandidate Committee		Transaction ID: 61205.C9076
City Washington	State DC	Zip Code 20044-0365
Amount of Each Receipt this Period 3000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Distilled Spirits PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 1250 Eye Street, N.W., Suite 400		Transaction ID: 61205.C9161
City Washington	State DC	Zip Code 20005
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)
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 ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Eastman Kodak Company Employee PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address A Multi Candidate Committee 343 State Street		Transaction ID: 61205.C9050	
City Rochester	State NY	Zip Code 14650-0516	Amount of Each Receipt this Period 3000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 7325.00		

Full Name (Last, First, Middle Initial) B. Electrical Construction PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6	
Mailing Address 3 Bethesda Metro Center		Transaction ID: 61205.C9031	
City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 10000.00		

Full Name (Last, First, Middle Initial) C. Farm Credit Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 50 F. Street NW, Suite 900		Transaction ID: 61205.C9048	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 11500.00		

SUBTOTAL of Receipts This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Federal Express PAC Mailing Address 942 S. Shady Grove Rd, 1st Fl City Memphis State TN Zip Code 38120 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C9164 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	6	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	6		2	0	0	6														
2500.00																							
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 ▼ <table border="1"> <tr> <td>6500.00</td> </tr> </table>		6500.00																					
6500.00																							

B. Full Name (Last, First, Middle Initial) For Americas Republican Majority PAC Mailing Address 675 N Washington St., Ste 410 City Alexandria State VA Zip Code 22314 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C9017 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
1000.00																							
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 ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) Frelinghuysen for Congress Mailing Address Chancery Square 19 Cattano Avenue City Morristown State NJ Zip Code 07960-6839 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C9089 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	1		2	0	0	6														
1000.00																							
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 ▼ <table border="1"> <tr> <td>3000.00</td> </tr> </table>		3000.00																					
3000.00																							

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Jeb Hensarling

Mailing Address P. O. Box 820504

City State Zip Code
Dallas TX 75382

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 Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9055

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)
Friends of Zach Wamp

Mailing Address P. O. Box 24804

City State Zip Code
Chattanooga TN 37422

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 Y
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61205.C9112

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)
General Dynamics Voluntary Political

Mailing Address Contribution Plan
2941 Fairview Park Drive

City State Zip Code
Falls Church VA 22042-4513

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

Name of Employer Occupation

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
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61205.C9169

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)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. HALPAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 1155-21st Street, NW Suite 300		Transaction ID: 61205.C9014	
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 5000.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Henry E. Brown for Congress		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1035 Dominion Drive		Transaction ID: 61205.C9170	
City Charleston State SC Zip Code 29406	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)
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Hornell Area Womens Republican Club		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address c/o Glenna H. Wirth 57 Pine Street		Transaction ID: 61205.C9121	
City Hornell State NY Zip Code 14843	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)
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 100.00		

SUBTOTAL of Receipts This Page (optional) ▶	6100.00
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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
House Conservatives Fund

Mailing Address c/o 610 S. Boulevard

City Tampa State FL Zip Code 33606

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

Name of Employer Occupation

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9070

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)
Independent Bakers Association (BAKEPAC)

Mailing Address 1223 Potomac St. N.W.

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

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

Transaction ID: 61013.C8852

Amount of Each Receipt this Period
175.00

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

C. Full Name (Last, First, Middle Initial)
International Union of Operating

Mailing Address Engineers Political Ed. Committee
1125 Seventeenth Street N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11000.00

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

Transaction ID: 61205.C9030

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)	6175.00
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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Its My Party-Federal PAC Mailing Address P. O. Box 225 City State Zip Code Colonia NJ 07067 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C9158 Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	6	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	6	/	2	0	0	6														
2500.00																							
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 ▼ <table border="1"> <tr> <td>2500.00</td> </tr> </table>		2500.00																					
2500.00																							

B. Full Name (Last, First, Middle Initial) JACK PAC Mailing Address P. O. Box 14 City State Zip Code Buffalo NY 14205-0014 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C9075 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	3	0	/	2	0	0	6														
1000.00																							
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 ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) Jo Bonner for Congress Committee Mailing Address P. O. Box 851232 City State Zip Code Mobile AL 36685 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 61205.C9010 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	0	/	2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	0	/	2	0	0	6														
1000.00																							
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 ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Joe Wilson for Congress Committee

Mailing Address P. O. Box 2145

City State Zip Code
West Columbia SC 29171

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

Name of Employer Occupation

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
 1 0 / 2 5 / 2 0 0 6

Transaction ID: 61205.C9044

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 S Fund

Mailing Address 1208 Leland Avenue

City State Zip Code
Springfield IL 62704

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

Name of Employer Occupation

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
 1 1 / 0 2 / 2 0 0 6

Transaction ID: 61205.C9118

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)
Judy Biggert for Congress

Mailing Address P. O. Box 637

City State Zip Code
Hinsdale IL 60522

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

Name of Employer Occupation

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
 1 1 / 0 1 / 2 0 0 6

Transaction ID: 61205.C9093

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) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 75 Jones Street Suite 101		Transaction ID: 61205.C9138
City State Zip Code Fort Worth TX 76102		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Know-How and Integrity for our National		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address Government (KINGPAC) PO Box 40366		Transaction ID: 61205.C9119
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Leadership for Americas Future PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address (LEAD PAC) 228 South Washington Street, Suite		Transaction ID: 61205.C9042
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart Campaign Account Mailing Address 8770 Sunset Dr., No. 421 City Miami State FL Zip Code 33173 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 61205.C9090 Amount of Each Receipt this Period 1500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 1500.00		

B. Full Name (Last, First, Middle Initial) LoBiondo for Congress Mailing Address P. O. Box 775 City Marmora State NJ Zip Code 08223 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 61205.C9094 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) McCrery for Congress Committee Mailing Address P. O. Box 52956 City Shreveport State LA Zip Code 71135 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: 61205.C9120 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)
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 84
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Mortgage Bankers Assoc. of America PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address (MORPAC) 1919 Pennsylvania Avenue, N.W.		Transaction ID: 61205.C9160	
City Washington	State DC	Amount of Each Receipt this Period 1000.00	
Zip Code 20006-3438		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. MRF PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 236 Massachusetts Ave., NY #510		Transaction ID: 61205.C9116	
City Washington	State DC	Amount of Each Receipt this Period 300.00	
Zip Code 20002		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. NARFE National Active and Retired		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address Federal Employees Association 606 North Washington Street		Transaction ID: 61205.C9040	
City Alexandria	State VA	Amount of Each Receipt this Period 2000.00	
Zip Code 22314		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
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 ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional) ▶	3300.00
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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
National Association of Insurance and

Mailing Address Financial Advisory PAC (NAIFAPAC)
2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61205.C9135

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
National Restaurant Association PAC

Mailing Address 1200 Seventeenth Street, NW

City Washington State DC Zip Code 20036-3097

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9074

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
NFG FEDPAC-National Fuel & Gas

Mailing Address Co. Fed PAC-Multi Candidate
10 Lafayette Square

City Buffalo State NY Zip Code 14203

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4400.00

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

Transaction ID: 61205.C9032

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) ▶ **5500.00**

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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) OXPAC Mailing Address 10889 Wilshire Blvd. City State Zip Code Los Angeles CA 90024 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 61205.C9082 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)
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 ▼ 2000.00		

B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress Mailing Address P. O. Box 38585 City State Zip Code Dallas TX 75238 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 61205.C9020 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Price for Congress Mailing Address P.O. Box 425 City State Zip Code Roswell GA 30077 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 61205.C9019 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 4000.00		

SUBTOTAL of Receipts This Page (optional)	5000.00
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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
RICH Political Action Committee

Mailing Address 1155 21st St., NW, suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: 61205.C9125

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
RIGHTMARCH.COM PAC, INC.

Mailing Address 4850 Wright Road, Suite 168

City Stafford State TX Zip Code 77477

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

Name of Employer Occupation

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
 1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9071

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)
Road to Victory PAC

Mailing Address John Duncan, Honorary Chairman
1155 21st Street, N.W., Suite 300

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C9084

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional)	4600.00
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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Sallie Mae, Inc. PAC

Mailing Address 2061 Bluemont Way

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61205.C9016

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
Sharp Pencil PAC

Mailing Address 2875 Towerview Road Suite 1000

City Herndon State VA Zip Code 20171

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61205.C9111

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address P. O Box 221230

City Chantilly State VA Zip Code 20153

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61205.C9136

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	8000.00
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 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
T.R.S.A. of America Political Action

Mailing Address **Committee**
1800 Diagonal Road, Ste 200

City **Alexandria** State **VA** Zip Code **22314**

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
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61205.C9115

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)
Texas Freedom Fund

Mailing Address **Joe Barton, Honorary Chairman**
104 East Hume Avenue

City **Alexandria** State **VA** Zip Code **22301**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10000.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9061

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
The Home Depot Inc PAC

Mailing Address **101 Constitution Avenue, NW**
Suite 800 Wes

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9068

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) 4000.00

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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Kuhl for Congress

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

Mailing Address UTC Employee PAC - Federal

City State Zip Code
Hartford CT 06101

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID: 61205.C9015

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 55 Glenlake Pkwy. NE

City State Zip Code
Atlanta GA 30328

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61205.C9025

Amount of Each Receipt this Period
4000.00

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

C. Full Name (Last, First, Middle Initial)
Walden for Congress, Inc.

Mailing Address Operating Account
P.O. Box 1091

City State Zip Code
Hood River OR 97031

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 Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C9085

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) ▶ **7000.00**

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 / 84
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input 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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Wally Herger for Congress		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address PO Box 1500		Transaction ID: 61205.C9137
City State Zip Code Chico CA 95927		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Wells Fargo & Co. Employee PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address Wells Fargo Center MAC N9305 084		Transaction ID: 61205.C9086
City State Zip Code Minneapolis MN 55479		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Wine Institute PAC		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 607 14th Street, NW Suite 800		Transaction ID: 61205.C9066
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	127675.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Guy Amisano Mailing Address 2492 Johnson Road City State Zip Code Horseheads NY 14845 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 Transaction ID: 61205.C9095 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)
Name of Employer Occupation Salient Technologies, Inc. President Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Richard Andolina Mailing Address 24 Meadowbrook Dr PO Box 16 City State Zip Code Arkport NY 14807 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: 61205.C9128 Amount of Each Receipt this Period 75.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self-Employed Dentist Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1075.00		

C. Full Name (Last, First, Middle Initial) J. Patrick Barrett Mailing Address 4605 Water Gap City State Zip Code Manlius NY 13104 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 61205.C9064 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)
Name of Employer Occupation Executive Air President Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional)	2425.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address P. O. Box 92

City State Zip Code
Forestburgh NY 12777

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

Name of Employer Occupation
Western NY/Penna RR, LLC Chairman/CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 875.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: 61205.C9053

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 Boltz

Mailing Address John J. Boltz Consulting
14 Linden Court

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
LOBBYIST

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: 61205.C9006

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)
John Brand

Mailing Address 93 Greenridge Drive West

City State Zip Code
Elmira NY 14905

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

Name of Employer Occupation
Perry & Carroll Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

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

Transaction ID: 61205.C9154

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: (check only one)	PAGE 34 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 345 Prattsburg Road
P. O. Box 457

City Naples State NY Zip Code 14512

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

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

Transaction ID: 61205.C9177

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)
Robert Brown

Mailing Address 10712A Skyline Drive

City Corning State NY Zip Code 14830

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

Name of Employer Corning Incorporated Occupation Sr. VP/Gen. Mgr. Optical Fiber

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9057

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)
Michael Caruso

Mailing Address 475 Seneca Rd

City Hornell State NY Zip Code 14843

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

Name of Employer Carusos Construction Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

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

Transaction ID: 61205.C9173

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 6 Quoin Crescent

City State Zip Code
Victor NY 14564

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

Name of Employer Occupation
Naples Pharmacy Pharmacist

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
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61205.C9163

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)
Timothy Clader

Mailing Address 1101 Telephone Road

City State Zip Code
Rush NY 14543

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

Name of Employer Occupation
Self-Employed Orthopaedic Surgeon

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9005

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)
Donald Creath

Mailing Address 101 Columbia, Suite 100

City State Zip Code
Corning NY 14830

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

Name of Employer Occupation
EDC Management President

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
1 1 / 0 6 / 2 0 0 6

Transaction ID: 61205.C9174

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) ▶ **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: (check only one)	PAGE 36 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 2868 Chequers Circle

City State Zip Code
Big Flats NY 14814

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

Name of Employer Corning Incorporated Occupation Admin. Assistant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

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

Transaction ID: 61205.C9175

Amount of Each Receipt this Period
75.00

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

B. Full Name (Last, First, Middle Initial)
Marilyn Custer-Mitchell

Mailing Address 37 Overbrook Road

City State Zip Code
Painted Post NY 14870

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

Name of Employer Guthrie Corning Hospital Occupation President & COO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: 61205.C9148

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 2979 Goff Road

City State Zip Code
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Div. VP

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9060

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)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 54 Lake St

City State Zip Code
Hammondsport NY 14840

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

Name of Employer Occupation
Pleasant Valley Wine Co. Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

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

Transaction ID: 61205.C9176

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 38 Bank Street

City State Zip Code
New York NY 10014

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

Name of Employer Occupation
Deutsche Bank Trading

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C8994

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)
Christopher Egan

Mailing Address 116 Flanders Road, Suite 2000

City State Zip Code
Westborough MA 01581

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

Name of Employer Occupation
Carruth Sales Rep.

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 61205.C9087

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) ► **3150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 61 Howell Street

City State Zip Code
Canandaigua NY 14424

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

Name of Employer Constellation Brands, Inc. Occupation Sr. VP, External Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: 61205.C9165

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)
William Hatch

Mailing Address 6550 Hughes Road

City State Zip Code
Canisteo NY 14823

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

Name of Employer Staffing & Payroll Solutions Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 61024.C8995

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 163 Watauga Avenue

City State Zip Code
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Attorney at Law

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1075.00

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

Transaction ID: 61205.C9151

Amount of Each Receipt this Period
75.00

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

SUBTOTAL of Receipts This Page (optional) ► **3075.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 1176 Asheford Green

City State Zip Code
Concord NC 28027

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 61205.C9007

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)
Walter Herter

Mailing Address 8641 Stone Rd

City State Zip Code
Prattsburgh NY 14873

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

Name of Employer Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
525.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 61205.C9184

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)
Michael Hosey

Mailing Address 1056 West 2nd Street

City State Zip Code
Elmira NY 14905-2127

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

Name of Employer Occupation
President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: 61205.C9024

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: (check only one)	PAGE 40 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 1828 Pennsylvania Avenue

City State Zip Code
Pine City NY 14871

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

Name of Employer Occupation
SCOPED Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 61205.C9035

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 181 Bayview Avenue

City State Zip Code
Cornwall On Hudson NY 12520

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

Name of Employer Occupation
New York State State Senator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 61205.C9078

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)
William Larkin

Mailing Address 181 Bayview Avenue

City State Zip Code
Cornwall On Hudson NY 12520

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

Name of Employer Occupation
New York State State Senator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 61205.C9122

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) ► **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 41 / 84
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. James Leprino		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1830 W. 38th Ave.		Transaction ID: 61205.C9155	
City State Zip Code Denver CO 80211		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Leprino Foods Company Chairman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John Lincoln		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 6808 Routes 5 & 20		Transaction ID: 61205.C9039	
City State Zip Code Bloomfield NY 14469		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer 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	

Full Name (Last, First, Middle Initial) C. Donald Lovejoy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 9703 Crystal Beach		Transaction ID: 61205.C9126	
City State Zip Code Hammondsport NY 14840		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	825.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address One Blue Bird Square

City State Zip Code
Olean NY 14760

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

Name of Employer Occupation
Park Centre Development President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61205.C9179

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 3919 Iron Mill Lane

City State Zip Code
San Antonio TX 78230

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2006

Transaction ID: 61205.C9001

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)
William Nesbitt

Mailing Address 12770 West Lake Road

City State Zip Code
Hammondsport NY 14840

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: 61205.C9103

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) ► **1850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 203 Miami Avenue

City State Zip Code
Terrace Park OH 45174

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

Name of Employer 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
1 1 / 0 2 / 2 0 0 6

Transaction ID: 61205.C9123

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)
Richard Rahill

Mailing Address 10672 West Lake Road

City State Zip Code
Hammondsport NY 14840

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

550.00

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

Transaction ID: 61205.C9102

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 30 West Third Street

City State Zip Code
Corning NY 14830

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

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

Transaction ID: 61205.C9168

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)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Rossettie, Rosettie & Martino

Mailing Address Attorneys at law
269 West Pulteney Street

City Corning State NY Zip Code 14830

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
475.00

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

Transaction ID: 61205.C9172

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)
Stephen Rossettie

Mailing Address 2683 Steele Lake Road

City Corning State NY Zip Code 14830

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

Name of Employer Rossettie, Rosettie & Martino Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 61207.C9188

Amount of Each Receipt this Period
50.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Rossettie, Rosettie & Martino

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

Mailing Address PO Box 494

City Hammondsport State NY Zip Code 14840

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

Name of Employer SCIDA Occupation Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 61205.C9098

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) ▶ **200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 17 Knollbrook Ln E

City State Zip Code
Painted Post NY 14870

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

Name of Employer Occupation
Corning Incorporated Business Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9058

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)
Harry Suits

Mailing Address 5465 Peach Orchard Point Road

City State Zip Code
Hector NY 14841

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

Name of Employer Occupation
Retired Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 61205.C9033

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 116 Kennedy Drive

City State Zip Code
Horseheads NY 14845

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

Name of Employer Occupation
Hardinge, Inc. Director Corporate Accounting

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 61205.C9059

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) ► **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 46 / 84	
	(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)
Kuhl for Congress

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

Mailing Address 10806 Hidden Meadow Trail

City State Zip Code
Corning NY 14830

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

Name of Employer Occupation
Corning Incorporated Dir., Financial Consulting

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: 61205.C9088

Amount of Each Receipt this Period
2000.00

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)	▶	21475.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 84
	(check only one)
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address P. O. Box 428

City Elmira State NY Zip Code 14902

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
MM / DD / YYYY
11 / 06 / 2006

Transaction ID: 61205.C9162

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)
Town of Seneca Republican Committee

Mailing Address c/o Sigrid Amberg, Chair
3164 Whitney Road

City Stanley State NY Zip Code 14561

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
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 61205.C9013

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)	1500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 84

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc.		Transaction ID: 61205.E1934 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 37.55	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CREDIT CARD SERVICE FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CREDIT CARD SERVICE FEES	
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) ▼		

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc.		Transaction ID: 61205.E1935 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 118.40	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CREDIT CARD SERVICE FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CREDIT CARD SERVICE FEES	
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) ▼		

Full Name (Last, First, Middle Initial) C. Aristotle International, Inc.		Transaction ID: 61205.E1936 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 296.25	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CREDIT CARD SERVICE FEES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CREDIT CARD SERVICE FEES	
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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	452.20
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc.		Transaction ID: 61205.E1937 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 166.50
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEES	Candidate Name	CREDIT CARD SERVICE FEES
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) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 61205.E1789 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 1516		Amount of Each Disbursement this Period 2192.03
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) C. AOL Services		Transaction ID: 61205.E1792 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 22000 AOL Way		Amount of Each Disbursement this Period 25.90
City Sterling State VA Zip Code 20166-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DSL SERVICE	Candidate Name	[MEMO ITEM] MEMO: DSL SERVICE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2358.53
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)

PAGE 50 / 84

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 61205.E1815 Date of Disbursement 10 / 24 / 2006	
Mailing Address P.O. Box 1516		Amount of Each Disbursement this Period 55.38	
City Newark	State NJ	Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: BANK FEES
Purpose of Disbursement BANK FEES		Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	

Full Name (Last, First, Middle Initial) B. Exxonmobil26		Transaction ID: 61205.E1812 Date of Disbursement 10 / 24 / 2006	
Mailing Address Arrow Mart Rte 54		Amount of Each Disbursement this Period 48.16	
City Bath	State NY	Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
Purpose of Disbursement TRAVEL		Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	

Full Name (Last, First, Middle Initial) C. Hunan Dynasty		Transaction ID: 61205.E1803 Date of Disbursement 10 / 24 / 2006	
Mailing Address 215 Pennsylvania Avenue		Amount of Each Disbursement this Period 400.60	
City Washington	State DC	Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE
Purpose of Disbursement FOOD & BEVERAGE		Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	

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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Members Dining Room		Transaction ID: 61205.E1807 Date of Disbursement 10 / 24 / 2006
Mailing Address House of Representatives		Amount of Each Disbursement this Period 27.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN LUNCH	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN LUNCH
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) ▼	

Full Name (Last, First, Middle Initial) B. Pleasant Valley Inn		Transaction ID: 61205.E1798 Date of Disbursement 10 / 24 / 2006
Mailing Address 7979 Rt. 54		Amount of Each Disbursement this Period 134.00
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAVORS FOR FUNDRAISER	Candidate Name	[MEMO ITEM] MEMO: FAVORS FOR FUNDRAISER
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) ▼	

Full Name (Last, First, Middle Initial) C. Sunoco		Transaction ID: 61205.E1790 Date of Disbursement 10 / 24 / 2006
Mailing Address Corner of Lake & Main Sts.		Amount of Each Disbursement this Period 71.10
City Hammondsport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	[MEMO ITEM] MEMO: TRAVEL
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) ▼	

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)

<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)
Kuhl for Congress

A. Sunoco Full Name (Last, First, Middle Initial) Mailing Address 501 N. Derr Drive City Lewisburg State PA Zip Code 17837- Purpose of Disbursement TRAVEL 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: 61205.E1796 Date of Disbursement 10 / 24 / 2006 Amount of Each Disbursement this Period 49.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
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B. Tortilla Coast Full Name (Last, First, Middle Initial) Mailing Address 400 First Street SE City Washington State DC Zip Code 20016- Purpose of Disbursement FOOD & BEVERAGE 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: 61205.E1797 Date of Disbursement 10 / 24 / 2006 Amount of Each Disbursement this Period 327.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE
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C. Verizon Wireless Full Name (Last, First, Middle Initial) Mailing Address 830 County Road 64 City Elmira State NY Zip Code 14903- Purpose of Disbursement PHONE PURCHASE 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: 61205.E1809 Date of Disbursement 10 / 24 / 2006 Amount of Each Disbursement this Period 206.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE PURCHASE
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty field)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Village Tavern Restaurant		Transaction ID: 61205.E1813 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 30 Mechanic Street		Amount of Each Disbursement this Period 140.00
City Hammondspport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN DINNER MTG.	Candidate Name	[MEMO ITEM] MEMO: CAMPAIGN DINNER MTG.
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) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 61205.E1850 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 1516		Amount of Each Disbursement this Period 1026.04
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
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) ▼	

Full Name (Last, First, Middle Initial) C. AOL Services		Transaction ID: 61205.E1854 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 22000 AOL Way		Amount of Each Disbursement this Period 25.90
City Sterling State VA Zip Code 20166-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DSL SERVICE	Candidate Name	[MEMO ITEM] MEMO: DSL SERVICE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1026.04
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

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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Hammondsport Kwik Fill		Transaction ID: 61205.E1860 Date of Disbursement 11 / 16 / 2006
Mailing Address 8280 St. Rte. 54		Amount of Each Disbursement this Period 61.05
City Hammondsport State NY Zip Code 14840-	Purpose of Disbursement TRAVEL Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL

Full Name (Last, First, Middle Initial) B. Pleasant Valley Inn		Transaction ID: 61205.E1851 Date of Disbursement 11 / 16 / 2006
Mailing Address 7979 Rt. 54		Amount of Each Disbursement this Period 130.00
City Bath State NY Zip Code 14810-	Purpose of Disbursement POLITICAL DINNER Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POLITICAL DINNER

Full Name (Last, First, Middle Initial) C. Sunoco		Transaction ID: 61205.E1862 Date of Disbursement 11 / 16 / 2006
Mailing Address Corner of Lake & Main Sts.		Amount of Each Disbursement this Period 56.00
City Hammondsport State NY Zip Code 14840-	Purpose of Disbursement TRAVEL Candidate Name Category/Type	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL

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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Bernie Murrays		Transaction ID: 61205.E1834 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 500 South Main Street		Amount of Each Disbursement this Period 1350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Elmira State NY Zip Code 14904-	Purpose of Disbursement FOOD & BEVERAGE/FUNDRAISER 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) ▼	FOOD & BEVERAGE/FUNDRAISER

Full Name (Last, First, Middle Initial) B. Jane Bogart		Transaction ID: 61205.E1897 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 18 Pine St		Amount of Each Disbursement this Period 460.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Jane Bogart		Transaction ID: 61205.E1904 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 18 Pine St		Amount of Each Disbursement this Period 453.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL 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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2264.15
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Jane Bogart		Transaction ID: 61205.E1910 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 18 Pine St		Amount of Each Disbursement this Period 302.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL 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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 61205.E1843 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 300 First Street, S.E.		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement DUES 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) ▼	DUES

Full Name (Last, First, Middle Initial) C. Cookfair Media Inc.		Transaction ID: 61205.E1882 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 536 Buckingham Avenue		Amount of Each Disbursement this Period 30865.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13210-	Purpose of Disbursement MEDIA SERVICES 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) ▼	MEDIA SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶	31217.46
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Elmira City Club		Transaction ID: 61205.E1833 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 320 E. Church Street		Amount of Each Disbursement this Period 699.81
City Elmira State NY Zip Code 14901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FOOD & BEVERAGE/FUNDRAISER	Candidate Name	FOOD & BEVERAGE/FUNDRAISER
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) ▼	

Full Name (Last, First, Middle Initial) B. Elsenheimer Chevrolet, Inc.		Transaction ID: 61205.E1885 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 7288 Seneca Road North P.O. Box 645		Amount of Each Disbursement this Period 23.48
City Hornell State NY Zip Code 14843-0645	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VEHICLE MAINTENANCE	Candidate Name	VEHICLE MAINTENANCE
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) ▼	

Full Name (Last, First, Middle Initial) C. Epiphany Productions		Transaction ID: 61205.E1830 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1047.34
City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING/FUNDRAISER	Candidate Name	CATERING/FUNDRAISER
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1770.63
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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Essen Computer Technologies, Inc.		Transaction ID: 61205.E1883 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address Micro Solutions 38 W. Market Street, Suite 201		Amount of Each Disbursement this Period 453.60
City Corning	State NY	
Zip Code 14830-	Purpose of Disbursement COMPUTER SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPUTER SERVICE
State: District:		

Full Name (Last, First, Middle Initial) B. Brian Fitzpatrick		Transaction ID: 61205.E1872 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 9602 Pemberly Lane		Amount of Each Disbursement this Period 89.87
City Fairfax Station	State VA	
Zip Code 22039-	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL
State: District:		

Full Name (Last, First, Middle Initial) C. Brian Fitzpatrick		Transaction ID: 61205.E1940 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 9602 Pemberly Lane		Amount of Each Disbursement this Period 15000.00
City Fairfax Station	State VA	
Zip Code 22039-	Purpose of Disbursement CAMPAIGN CONSULTING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	15543.47
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Five Star Bank		Transaction ID: 61205.E1923 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 20.00
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK FEES	
Purpose of Disbursement BANK FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. Five Star Bank		Transaction ID: 61205.E1924 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 20.00
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK FEES	
Purpose of Disbursement BANK FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Five Star Bank		Transaction ID: 61205.E1925 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 11.74
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DEPOSIT SLIPS	
Purpose of Disbursement DEPOSIT SLIPS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	51.74
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Five Star Bank		Transaction ID: 61205.E1926 Date of Disbursement 10 / 26 / 2006
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 20.00
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	BANK FEES
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) ▼	

Full Name (Last, First, Middle Initial) B. Five Star Bank		Transaction ID: 61205.E1927 Date of Disbursement 11 / 02 / 2006
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 20.00
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	BANK FEES
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) ▼	

Full Name (Last, First, Middle Initial) C. Five Star Bank		Transaction ID: 61205.E1929 Date of Disbursement 11 / 14 / 2006
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 7.50
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHECKS	Candidate Name	CHECKS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	47.50
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Five Star Bank		Transaction ID: 61205.E1928 Date of Disbursement 11 / 14 / 2006
Mailing Address fka/Bath National Bank 55 North Main St.,		Amount of Each Disbursement this Period 73.09
City Warsaw State NY Zip Code 14569-0227	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHECKS	Candidate Name	CHECKS
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) ▼	

Full Name (Last, First, Middle Initial) B. G.M.A.C.		Transaction ID: 61205.E1874 Date of Disbursement 11 / 14 / 2006
Mailing Address PO Box 830069		Amount of Each Disbursement this Period 1204.96
City Baltimore State MD Zip Code 21283-0069	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAR LEASE	Candidate Name	CAR LEASE
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) ▼	

Full Name (Last, First, Middle Initial) C. Nancy Gabel		Transaction ID: 61205.E1898 Date of Disbursement 10 / 27 / 2006
Mailing Address 9150 Carpenter Rd		Amount of Each Disbursement this Period 276.92
City Hammondsport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1554.97
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Nancy Gabel		Transaction ID: 61205.E1905 Date of Disbursement 11 / 10 / 2006	
Mailing Address 9150 Carpenter Rd		Amount of Each Disbursement this Period 116.65	
City Hammondspport State NY Zip Code 14840-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) B. Sharon Gunsolus		Transaction ID: 61205.E1787 Date of Disbursement 10 / 23 / 2006	
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 195.66	
City Bath State NY Zip Code 14810-	Purpose of Disbursement TRAVEL/OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type TRAVEL/OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. Sharon Gunsolus		Transaction ID: 61205.E1893 Date of Disbursement 10 / 27 / 2006	
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 380.83	
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	693.14
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sharon Gunsolus		Transaction ID: 61205.E1901 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 380.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Sharon Gunsolus		Transaction ID: 61205.E1847 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 400.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement TRAVEL/OFFICE SUPPLIES Candidate Name Category/Type	
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) ▼	TRAVEL/OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Sharon Gunsolus		Transaction ID: 61205.E1938 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 21.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement TRAVEL Candidate Name Category/Type	
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) ▼	TRAVEL

SUBTOTAL of Disbursements This Page (optional) ▶	802.86
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sharon Gunsolus		Transaction ID: 61205.E1907 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 380.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Sarah Halliday		Transaction ID: 61205.E1900 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 234 East Pulteney Street		Amount of Each Disbursement this Period 571.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Sarah Halliday		Transaction ID: 61205.E1906 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 234 East Pulteney Street		Amount of Each Disbursement this Period 540.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	1492.62
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sarah Halliday		Transaction ID: 61205.E1912 Date of Disbursement 11 / 24 / 2006
Mailing Address 234 East Pulteney Street		Amount of Each Disbursement this Period 140.23
City Corning State NY Zip Code 14830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL Candidate Name		PAYROLL
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) ▼	

Full Name (Last, First, Middle Initial) B. Hammond & Associates		Transaction ID: 61205.E1887 Date of Disbursement 11 / 13 / 2006
Mailing Address 801 N. Pitt Street, Suite 120 P. O. Box 16021		Amount of Each Disbursement this Period 5440.45
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name		FUNDRAISING CONSULTING
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) ▼	

Full Name (Last, First, Middle Initial) C. Andy Hannon		Transaction ID: 61205.E1824 Date of Disbursement 11 / 06 / 2006
Mailing Address 144 North 15th Street		Amount of Each Disbursement this Period 350.00
City Olean State NY Zip Code 14760-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT ENTERTAINMENT Candidate Name		EVENT ENTERTAINMENT
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5930.68
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)
Kuhl for Congress

A. Huckaby, Davis & Lisker Full Name (Last, First, Middle Initial) Mailing Address 228 South Washington St., Suite 11 City Alexandria State VA Zip Code 22314- Purpose of Disbursement ACCOUNTING/COMPLIANCE SERVICE 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: 61205.E1884 Date of Disbursement 11 / 13 / 2006 Amount of Each Disbursement this Period 4155.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING/COMPLIANCE SERVICE
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B. In Command Technologies Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 364 City Corning State NY Zip Code 14830- Purpose of Disbursement HOSTING FEES/WEB SITE 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: 61205.E1886 Date of Disbursement 11 / 13 / 2006 Amount of Each Disbursement this Period 280.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HOSTING FEES/WEB SITE
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C. Information Boulevard Full Name (Last, First, Middle Initial) Mailing Address 180 Main Street City Hornell State NY Zip Code 14843- Purpose of Disbursement DSL HOSTING 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: 61205.E1913 Date of Disbursement 10 / 27 / 2006 Amount of Each Disbursement this Period 84.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DSL HOSTING
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SUBTOTAL of Disbursements This Page (optional) ▶	4519.47
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Kolpien & Associates		Transaction ID: 61205.E1890 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 100 West Market St., Suite 201		Amount of Each Disbursement this Period 94.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corning State NY Zip Code 14830-	Category/Type	
Purpose of Disbursement GOTV CALL LISTS	Candidate Name	GOTV CALL LISTS
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) ▼	

Full Name (Last, First, Middle Initial) B. James Kuhl		Transaction ID: 61205.E1895 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 12262 W. Lake Road		Amount of Each Disbursement this Period 1725.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hammondsport State NY Zip Code 14840-	Category/Type	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
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) ▼	

Full Name (Last, First, Middle Initial) C. James Kuhl		Transaction ID: 61205.E1839 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 12262 W. Lake Road		Amount of Each Disbursement this Period 3368.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hammondsport State NY Zip Code 14840-	Category/Type	
Purpose of Disbursement TRAVEL/MEALS	Candidate Name	TRAVEL/MEALS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5187.50
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)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) James Kuhl		Transaction ID: 61205.E1831 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 12262 W. Lake Road		Amount of Each Disbursement this Period 128.46
City Hammondspport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RALLY LUNCHEON EXPENSE Candidate Name	Category/Type	RALLY LUNCHEON EXPENSE
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) ▼	

B. Full Name (Last, First, Middle Initial) James Kuhl		Transaction ID: 61205.E1902 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 12262 W. Lake Road		Amount of Each Disbursement this Period 1725.30
City Hammondspport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL Candidate Name	Category/Type	PAYROLL
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) ▼	

C. Full Name (Last, First, Middle Initial) James Kuhl		Transaction ID: 61205.E1908 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 12262 W. Lake Road		Amount of Each Disbursement this Period 1725.30
City Hammondspport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL Candidate Name	Category/Type	PAYROLL
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3579.06
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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. McLaughlin and Associates		Transaction ID: 61205.E1919 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Blauvelt State NY Zip Code 10913-	MEDIA BUY Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement MEDIA BUY Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. McLaughlin and Associates		Transaction ID: 61205.E1920 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 32000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Blauvelt State NY Zip Code 10913-	MEDIA BUY Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement MEDIA BUY Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. McLaughlin and Associates		Transaction ID: 61205.E1816 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 8010.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Blauvelt State NY Zip Code 10913-	SURVEY Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Purpose of Disbursement SURVEY Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	65010.00
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. McLaughlin and Associates		Transaction ID: 61205.E1921 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 81734.00
City Blauvelt State NY Zip Code 10913-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY	Candidate Name	Category/ Type
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) ▼	MEDIA BUY

Full Name (Last, First, Middle Initial) B. McLaughlin and Associates		Transaction ID: 61205.E1922 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 3600.00
City Blauvelt State NY Zip Code 10913-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY	Candidate Name	Category/ Type
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) ▼	MEDIA BUY

Full Name (Last, First, Middle Initial) C. Multi Media Services		Transaction ID: 61205.E1888 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 11136-40 River Road		Amount of Each Disbursement this Period 1287.70
City Corning State NY Zip Code 14830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING	Candidate Name	Category/ Type
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) ▼	PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶	86621.70
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. NYS Employment Tax		Transaction ID: 61205.E1918 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6
Mailing Address WA Harriman State Campus, Bldg 12		Amount of Each Disbursement this Period 728.85
City Albany State NY Zip Code 12240-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EMPLOYMENT TAX	Candidate Name	EMPLOYMENT TAX
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) ▼	

Full Name (Last, First, Middle Initial) B. Philip Palmesano		Transaction ID: 61205.E1828 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6
Mailing Address 224 Pearl Street		Amount of Each Disbursement this Period 305.90
City Corning State NY Zip Code 14830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	TRAVEL
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) ▼	

Full Name (Last, First, Middle Initial) C. Pleasant Valley Wine Company		Transaction ID: 61205.E1933 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 8260 Pleasant Valley Road		Amount of Each Disbursement this Period 243.00
City Hammondsport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FACILITY SETUP/BEVERAGE ELECTION NI	Candidate Name	FACILITY SETUP/BEVERAGE ELECTION NI
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1277.75
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: 61205.E1818 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 101 Liberty Street		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	POSTAGE	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: 61205.E1821 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 101 Liberty Street		Amount of Each Disbursement this Period 780.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	POSTAGE	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) C. Reflections		Transaction ID: 61205.E1837 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 631 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2321.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	EVENT PHOTOGRAPHY & COLOR PRINTS	
Purpose of Disbursement EVENT PHOTOGRAPHY & COLOR PRINTS	Candidate Name	EVENT PHOTOGRAPHY & COLOR PRINTS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3296.50
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)

<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)
Kuhl for Congress

A. R. Smith Full Name (Last, First, Middle Initial) Mailing Address 16 Grannan Drive City Corning State NY Zip Code 14830- Purpose of Disbursement DISTRICT FUNDRAISING CONSULTING 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: 61205.E1846 Date of Disbursement 11 / 15 / 2006 Amount of Each Disbursement this Period 6000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DISTRICT FUNDRAISING CONSULTING
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B. Staffing & Payroll Solutions Full Name (Last, First, Middle Initial) Mailing Address 6550 Hughes Road City Canisteo State NY Zip Code 14823- Purpose of Disbursement PAYROLL TAXES 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: 61205.E1915 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 56.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
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C. Staffing & Payroll Solutions Full Name (Last, First, Middle Initial) Mailing Address 6550 Hughes Road City Canisteo State NY Zip Code 14823- Purpose of Disbursement PAYROLL TAXES 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: 61205.E1916 Date of Disbursement 11 / 01 / 2006 Amount of Each Disbursement this Period 1385.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAXES
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SUBTOTAL of Disbursements This Page (optional) ▶	7441.59
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Staffing & Payroll Solutions		Transaction ID: 61205.E1917 Date of Disbursement 11 / 15 / 2006
Mailing Address 6550 Hughes Road		Amount of Each Disbursement this Period 1342.27
City Canisteo State NY Zip Code 14823-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL LIABILITY TAX	Candidate Name	FEDERAL LIABILITY TAX
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) ▼	

Full Name (Last, First, Middle Initial) B. Stand Advertising, LLC		Transaction ID: 61205.E1835 Date of Disbursement 11 / 09 / 2006
Mailing Address 2351 North Forest Rd., Ste 102		Amount of Each Disbursement this Period 18541.98
City Getzville State NY Zip Code 14068-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PALM CARDS PRINT ADS T-SHIRTS	Candidate Name	PALM CARDS PRINT ADS T-SHIRTS
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) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 61205.E1842 Date of Disbursement 11 / 01 / 2006
Mailing Address 821 County Route 64		Amount of Each Disbursement this Period 59.52
City Big Flats State NY Zip Code 14814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	19943.77
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Steuben Courier Advocate		Transaction ID: 61205.E1820 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 10 West Steuben Street		Amount of Each Disbursement this Period 3665.30
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL ADS	Candidate Name	POLITICAL ADS
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) ▼	

Full Name (Last, First, Middle Initial) B. Steuben Courier Advocate		Transaction ID: 61205.E1849 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6
Mailing Address 10 West Steuben Street		Amount of Each Disbursement this Period 1662.05
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL ADS	Candidate Name	POLITICAL ADS
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) ▼	

Full Name (Last, First, Middle Initial) C. Linda Stewart		Transaction ID: 61205.E1896 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 7996 Cty. Rte. 13		Amount of Each Disbursement this Period 143.47
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5470.82
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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<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Linda Stewart		Transaction ID: 61205.E1903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 7996 Cty. Rte. 13		Amount of Each Disbursement this Period 281.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) B. Linda Stewart		Transaction ID: 61205.E1909 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 7996 Cty. Rte. 13		Amount of Each Disbursement this Period 82.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Targeted Creative Communications, Inc.		Transaction ID: 61205.E1836 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 106 S. Columbus Street		Amount of Each Disbursement this Period 47122.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement TARGETED MAILINGS Candidate Name Category/Type	
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) ▼	TARGETED MAILINGS

SUBTOTAL of Disbursements This Page (optional) ▶	47486.88
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: 61205.E1841 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address PO Box 4117		Amount of Each Disbursement this Period 150.77
City Buffalo State NY Zip Code 14240-4117	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE SERVICE	Candidate Name	CABLE SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Department of Commerce		Transaction ID: 61205.E1891 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 1401 Constitution Ave., NW		Amount of Each Disbursement this Period 239.46
City Washington State DC Zip Code 20230-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSES	Candidate Name	TRAVEL EXPENSES
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) ▼	

Full Name (Last, First, Middle Initial) C. Bob Van Wicklin		Transaction ID: 61205.E1819 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 953 St. John Drive		Amount of Each Disbursement this Period 224.00
City Annapolis State MD Zip Code 21409-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	TRAVEL
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	614.23
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Bob Van Wicklin		Transaction ID: 61205.E1845 Date of Disbursement 11 / 15 / 2006
Mailing Address 953 St. John Drive		Amount of Each Disbursement this Period 636.42
City Annapolis State MD Zip Code 21409-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL/REIMB. FOR POL. AD	Candidate Name	TRAVEL/REIMB. FOR POL. AD
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 61205.E1876 Date of Disbursement 11 / 14 / 2006
Mailing Address P. O. Box 15124		Amount of Each Disbursement this Period 42.40
City Albany State NY Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX/DSL LINE	Candidate Name	FAX/DSL LINE
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 61205.E1873 Date of Disbursement 11 / 14 / 2006
Mailing Address P. O. Box 15124		Amount of Each Disbursement this Period 226.85
City Albany State NY Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN OFFICE PHONE	Candidate Name	CAMPAIGN OFFICE PHONE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	905.67
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 61205.E1877 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address PO box 17464		Amount of Each Disbursement this Period 77.07
City Baltimore State MD Zip Code 21297-1464	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE		CELL PHONE SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 61205.E1788 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 236.12
City Albany State NY Zip Code 12212-5108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE		CELL PHONE SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 61205.E1840 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 119.70
City Albany State NY Zip Code 12212-5108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE		CELL PHONE SERVICE
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	432.89
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)

<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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 61205.E1878 Date of Disbursement 11 / 14 / 2006
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 252.18
City Albany State NY Zip Code 12212-5108	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
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) ▼	

Full Name (Last, First, Middle Initial) B. WENY-TV		Transaction ID: 61205.E1823 Date of Disbursement 11 / 03 / 2006
Mailing Address 474 Old Ithaca Road		Amount of Each Disbursement this Period 2843.25
City Horseheads State NY Zip Code 14845-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY	Candidate Name	MEDIA BUY
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) ▼	

Full Name (Last, First, Middle Initial) C. WETM-TV		Transaction ID: 61205.E1822 Date of Disbursement 11 / 03 / 2006
Mailing Address 101 E Water Street		Amount of Each Disbursement this Period 6651.25
City Elmira State NY Zip Code 14901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY	Candidate Name	MEDIA BUY
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9746.68
TOTAL This Period (last page this line number only) ▶	326740.50

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Corepac		Transaction ID: 61205.E1939	
Mailing Address Suite 500 1350 I Street NW		Date of Disbursement 11 / 22 / 2006	
City Washington	State DC	Zip Code 20005-3305	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Refund of Contribution Refund of Overlim		010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2006 Debt		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Anthony Costello		Transaction ID: 61205.E1931	
Mailing Address One Airport Way, Suite 300		Date of Disbursement 11 / 20 / 2006	
City Rochester	State NY	Zip Code 14624-	Amount of Each Disbursement this Period 800.00
Purpose of Disbursement Refund of Contribution Refund of Overlim		010 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Charles Joyce		Transaction ID: 61205.E1932	
Mailing Address 4165 Grandview Avenue		Date of Disbursement 11 / 20 / 2006	
City Wellsville	State NY	Zip Code 14895-	Amount of Each Disbursement this Period 400.00
Purpose of Disbursement Refund of Contribution Refund of Overlim		010 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	1200.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 / 84
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Kuhl for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Steuben County Republican Committee	Nature of Debt (Purpose): Advertising
Mailing Address Carol Whitehead, Treasurer 3651 County Route 72	
City State ZIP Code Jasper NY 14855-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 17LS70131.E2011	
Amount Incurred This Period <input type="text" value="95.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="95.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Phone Equipment
Mailing Address P. O. Box 15124	
City State ZIP Code Albany NY 12212-5124	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 2LS61205.E1873	
Amount Incurred This Period <input type="text" value="1105.10"/>	Payment This Period <input type="text" value="269.25"/>	Outstanding Balance at Close of This Period <input type="text" value="835.85"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hammond & Associates	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 801 N. Pitt Street, Suite 120 P. O. Box 16021	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 4LS61205.E1887	
Amount Incurred This Period <input type="text" value="29440.45"/>	Payment This Period <input type="text" value="5440.45"/>	Outstanding Balance at Close of This Period <input type="text" value="24000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="24930.85"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 84 / 84
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Kuhl for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby, Davis & Lisker	Nature of Debt (Purpose): Accounting/Compliance Services
Mailing Address 228 South Washington St., Suite 11	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 14LS61205.E1884	
Amount Incurred This Period 5551.52	Payment This Period 4155.38	Outstanding Balance at Close of This Period 1396.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bob Van Wicklin	Nature of Debt (Purpose): Strategic GOTV Consulting
Mailing Address 953 St. John Drive	
City State ZIP Code Annapolis MD 21409-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 10LS61205.E1819	
Amount Incurred This Period 5860.42	Payment This Period 860.42	Outstanding Balance at Close of This Period 5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor James Kuhl	Nature of Debt (Purpose): Payroll
Mailing Address 12262 W. Lake Road	
City State ZIP Code Hammondsport NY 14840-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: LS61205.E1831	
Amount Incurred This Period 18672.46	Payment This Period 8672.46	Outstanding Balance at Close of This Period 10000.00

1) SUBTOTALS This Period This Page (optional).....	16396.14
2) TOTALS This Period (last page this line number only).....	41326.99
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	