

# 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

Doyle for Congress Committee

ADDRESS (number and street) **205 Hawthorne Court**

Check if different than previously reported. (ACC)

**Pittsburgh** **PA** **15221**

2. **FEC IDENTIFICATION NUMBER** **C00290064**

**CITY** **STATE** **ZIP CODE**

**STATE** **DISTRICT**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

**PA** **14**

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 **05** **16** **2006** in the State of **PA**

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

General (30G)  Runoff (30R)  Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **04** **01** **2006** through **04** **26** **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 Karen S. Oleyar

Signature of Treasurer Electronically Filed by Karen S. Oleyar Date **04** **30** **2006**

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Doyle for Congress Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
2	6

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	64875.00	599084.18
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	64875.00	597884.18
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	73180.58	366444.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	73.60	1430.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73106.98	365013.54
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>393552.55</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Doyle for Congress Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
2	6

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

34200.00

303050.00

(ii) Unitemized.....

675.00

9321.00

(iii) TOTAL of contributions

34875.00

312371.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

30000.00

286713.18

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

64875.00

599084.18

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

73.60

1430.88

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

0.00

0.00

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

64948.60

600515.06

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	73180.58	366444.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1200.00
21. OTHER DISBURSEMENTS.....	300.00	58981.18
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	73480.58	426625.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	402084.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	64948.60
25. SUBTOTAL (add Line 23 and Line 24).....	467033.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73480.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	393552.55

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 45
	<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)  
Doyle for Congress Committee

**A.** Amalgamated Transit Union

Full Name (Last, First, Middle Initial)  
Cope Account - Voluntary Fund  
5025 Wisconsin Avenue, NW

City: Washington State: DC Zip Code: 20016

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  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7284

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.** Amer. Fed. of State, County & Municipal

Full Name (Last, First, Middle Initial)  
Employees, AFL-CIO Public Employee  
Organized to Promote Leg. Equality

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 ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60430.C7281

Amount of Each Receipt this Period  
1500.00

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

**C.** Avaya Inc. PAC

Full Name (Last, First, Middle Initial)  
1450 G. Street NW  
Suite 500

City: Washington State: DC Zip Code: 20005

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

Name of Employer: Occupation:

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  
0 4 / 1 1 / 2 0 0 6

Transaction ID: 60411.C7277

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 45
	(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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Dickie McCamey & Chilcote PAC

Mailing Address 2 PPG Place  
Suite 400

City Pittsburgh State PA Zip Code 15222

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7294

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)  
DOL PAC

Mailing Address Three Gateway Center, 1 East

City Pittsburgh State PA Zip Code 15222

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 60430.C7307

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)  
HIPAC PAC

Mailing Address 101 Constitution Ave. NW, Suite 50

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 ▼  
5000.00

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

Transaction ID: 60411.C7278

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 45  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

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

Mailing Address 1750 New York Avenue, NW

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 ▼  
5000.00

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

Transaction ID: 60430.C7329

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)  
IUPAT PAC

Mailing Address 1750 New York Avenue, NW

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 ▼  
6000.00

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

Transaction ID: 60430.C7330

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)  
Kirkpatrick & Lockhart, LLP PAC

Mailing Address 535 Smithfield Street, Room 1500

City State Zip Code  
Pittsburgh PA 15222-2312

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  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7314

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) ..... ► **6000.00**

**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 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Mellon Financial Corp. BiPartisan PAC

Mailing Address One Mellon Bank Center, Room 625

City State Zip Code  
Pittsburgh PA 15259

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  
0 4 / 2 4 / 2 0 0 6

**Transaction ID:** 60430.C7306

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)  
PMA Group PAC

Mailing Address 1755 Jefferson Davis Hwy., Ste 110

City State Zip Code  
Arlington VA 22202-3509

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  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** 60430.C7339

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)  
PMA Group PAC

Mailing Address 1755 Jefferson Davis Hwy., Ste 110

City State Zip Code  
Arlington VA 22202-3509

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  
0 4 / 2 5 / 2 0 0 6

**Transaction ID:** 60430.C7340

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Progressive Leadership PAC

Mailing Address P.O. Box 17426

City State Zip Code  
Pittsburgh PA 15235

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  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7313

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)  
S.E.I.U. Cope US Division

Mailing Address 1313 L Street, NW

City State Zip Code  
Washington DC 20005

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  
0 4 / 2 1 / 2 0 0 6

Transaction ID: 60430.C7343

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)  
Sheet Metal Workers Int. PAC

Mailing Address 1750 New York Ave., NW

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  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7283

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 45
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Unit. Food & Commer. Workers Union ABC

Mailing Address 1775 K St., NW

City	State	Zip Code
Washington	DC	20006-1598

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

Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7312

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	30000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ray Anthony

Mailing Address c/o Anthony Holdings, Inc.  
2 Allegheny County Airport

City State Zip Code  
West Mifflin PA 15122

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

Name of Employer Occupation  
Anthony Crane President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

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

Transaction ID: 60430.C7315

Amount of Each Receipt this Period  
2100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas Balestrieri

Mailing Address 115 Rock Haven Lane

City State Zip Code  
Pittsburgh PA 15228-1879

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

Name of Employer Occupation  
The Buncher Company Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60430.C7318

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)  
Edwin Beachler

Mailing Address Caroselli, Beachler, McTiernan & C  
312 Blvd. of the Allies

City State Zip Code  
Pittsburgh PA 15222

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

Name of Employer Occupation  
Caroselli, Beachler, McTiernan Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60430.C7280

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

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

Mailing Address 532 Briarcliff Road

City Pittsburgh State PA Zip Code 15221

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

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

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

Transaction ID: 60430.C7295

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 Caputo

Mailing Address John Caputo & Associates  
Three Gateway Center

City Pittsburgh State PA Zip Code 15222

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

Name of Employer John A. Caputo & Associates Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60430.C7317

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)  
Ihsan Chaudry

Mailing Address 121 Kelly Ct.

City Monroeville State PA Zip Code 15146

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

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7336

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 13 / 45
	<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)  
Doyle for Congress Committee

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

Mailing Address 327 Grays Lane

City State Zip Code  
Haverford PA 19041

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

Name of Employer Tube City, Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60430.C7332

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)  
Daniel Cunningham

Mailing Address 7808 Creekside View Lane

City State Zip Code  
Springfield VA 22153

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

Name of Employer PMA Group Occupation Government Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: 60430.C7331

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)  
James Curcio

Mailing Address 246 Sunset Drive

City State Zip Code  
Pittsburgh PA 15235

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

Name of Employer Takeda Pharmaceutical Occupation Pharmacist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

Transaction ID: 60430.C7305

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: (check only one)	PAGE 14 / 45
	<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)  
Doyle for Congress Committee

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

Mailing Address The Anderson Group  
One Fox Chapel Place

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Anderson Group of Companies  
Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: 60430.C7334

Amount of Each Receipt this Period  
1600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Stephen Frobouck

Mailing Address The Anderson Group  
One Fox Chapel Place

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Anderson Group of Companies  
Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: 60430.C7335

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
Julie Giardina

Mailing Address 1162 N. Randolph St.

City Arlington State VA Zip Code 22201

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

Name of Employer PMA Group  
Occupation government relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60430.C7328

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 15 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Grane Associates

Mailing Address 209 Sigma Drive

City Pittsburgh State PA Zip Code 15238-2826

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

Name of Employer Occupation

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  
0 4 / 2 1 / 2 0 0 6

Transaction ID: 60430.C7297

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)  
Shoun T. Kerbaugh

Mailing Address 428 Pine Valley Drive

City Bridgeville State PA Zip Code 15017

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

Name of Employer Occupation  
Alstom Power Conversion Inc. President & CEO

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  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7291

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)  
Kotayya Kondaveeti

Mailing Address 312 Shalimar Estates

City Monroeville State PA Zip Code 15146

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

Name of Employer Occupation  
Self Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60411.C7264

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Nicholas J. Kuhn

Mailing Address 53 Hoodridge Drive

City State Zip Code  
Pittsburgh PA 15228-1801

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

Name of Employer ALung Technologies Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60430.C7299

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 Lynch

Mailing Address 12769 Quarterhorse Lane

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer PMA Group Occupation Government Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60430.C7325

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)  
Linda Lynch

Mailing Address 12769 Quarterhorse Lane

City State Zip Code  
Woodbridge VA 22192

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

Name of Employer No Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60430.C7326

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Leslie A. Magliocchetti

Mailing Address 10203 Woodvale Pond Dr.

City State Zip Code  
Fairfax VA 22039

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

Name of Employer  
No Employer

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 60430.C7322

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)  
Mark J. Magliocchetti

Mailing Address 10203 Woodvale Pond Drive

City State Zip Code  
Fairfax VA 22039-1658

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

Name of Employer  
Magliocchetti & Associates

Occupation  
government relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

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

Transaction ID: 60430.C7323

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)  
Mark J. Magliocchetti

Mailing Address 10203 Woodvale Pond Drive

City State Zip Code  
Fairfax VA 22039-1658

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

Name of Employer  
Magliocchetti & Associates

Occupation  
government relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

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

Transaction ID: 60430.C7324

Amount of Each Receipt this Period  
900.00

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

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

**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 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
William McKeever

Mailing Address 11 Mellon Road

City State Zip Code  
Export PA 15632

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

Name of Employer Self Occupation Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

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

Transaction ID: 60430.C7337

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)  
Robert C. Murtha

Mailing Address 2354A Aronimink Circle

City State Zip Code  
Fayetteville PA 17222-9243

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

Name of Employer KSA Consulting Occupation Government Affairs Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60430.C7296

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)  
Ross Nese

Mailing Address Grane Associates  
209 Sigma Drive

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Grane Associates Occupation Managing Partner

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  
0 4 / 2 1 / 2 0 0 6

Transaction ID: 60430.C7298

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
William R. Newlin

Mailing Address 752 Fleming Lane

City State Zip Code  
Sewickley PA 15143

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

Name of Employer Occupation  
Dicks Sporting Goods CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7309

Amount of Each Receipt this Period  
750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Douglas Ostrow

Mailing Address 22 Pintail Drive

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Occupation  
Clean Textile Systems 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  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7292

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)  
Nancy Ostrow

Mailing Address 22 Pintail Drive

City State Zip Code  
Pittsburgh PA 15238

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

Name of Employer Occupation  
No Employer Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7293

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Hugh Pollock

Mailing Address 5544 Darlington Road

City Pittsburgh State PA Zip Code 15217

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

Name of Employer CB Richard Ellis Occupation Commercial Real Estate

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  
0 4 / 2 4 / 2 0 0 6

Transaction ID: 60430.C7300

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)  
John L. Pugliese

Mailing Address 2346 Captain Kidd Rd.

City Fernandina Beach State FL Zip Code 32034

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

Name of Employer Ritz Carlton Occupation Sommelier

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60430.C7327

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)  
David M. Roderick

Mailing Address C/O USX Corp.  
600 Grant St.

City Pittsburgh State PA Zip Code 15219

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

Name of Employer No Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1900.00

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

Transaction ID: 60430.C7320

Amount of Each Receipt this Period  
900.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3900.00

**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 21 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David M. Roderick

Mailing Address C/O USX Corp.  
600 Grant St.

City Pittsburgh State PA Zip Code 15219

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

Name of Employer No Employer Occupation Retired

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  
0 4 / 2 6 / 2 0 0 6

Transaction ID: 60430.C7319

Amount of Each Receipt this Period  
1100.00

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

**B.** Full Name (Last, First, Middle Initial)  
James P. Rooney

Mailing Address 3032 Norwood Avenue

City Pittsburgh State PA Zip Code 15214

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7290

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)  
Linda Russo

Mailing Address 45 Lilmont Drive

City Pittsburgh State PA Zip Code 15218

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

Name of Employer No Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: 60430.C7282

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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 22 / 45
	<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)  
Doyle for Congress Committee

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

Mailing Address 4950 Parkvue Drive

City State Zip Code  
Pittsburgh PA 15236-2054

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

Name of Employer Metropolitan Window Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7310

Amount of Each Receipt this Period  
600.00

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

**B.** Full Name (Last, First, Middle Initial)  
John B. Schmotzer

Mailing Address 4950 Parkvue Drive

City State Zip Code  
Pittsburgh PA 15236-2054

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

Name of Employer Metropolitan Window Occupation President

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  
0 4 / 2 5 / 2 0 0 6

Transaction ID: 60430.C7311

Amount of Each Receipt this Period  
400.00

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

**C.** Full Name (Last, First, Middle Initial)  
John Seidman

Mailing Address 6839 Juniata Place

City State Zip Code  
Pittsburgh PA 15208

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

Name of Employer Self Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7285

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 23 / 45
	<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)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Guyton A. Squillante		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address Heritage Agency 100 Purity Road		Transaction ID: 60430.C7304	
City Pittsburgh State PA Zip Code 15235		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Heritage Agency, Inc. Occupation President			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Guyton A. Squillante		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address Heritage Agency 100 Purity Road		Transaction ID: 60430.C7303	
City Pittsburgh State PA Zip Code 15235		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Heritage Agency, Inc. Occupation President			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rhea Squillante		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 100 Purity Rd.		Transaction ID: 60430.C7302	
City Pittsburgh State PA Zip Code 15235		Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer No Employer Occupation Homemaker			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Wilbur Steger

Mailing Address 6429 Darlington Rd.

City State Zip Code  
Pittsburgh PA 15217

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

Name of Employer Occupation  
CONSAD Research Economist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
950.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2006

Transaction ID: 60430.C7316

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)  
Frederick Thieman

Mailing Address Koppers Building, Suite 2312  
436 Seventh Avenue

City State Zip Code  
Pittsburgh PA 15219

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

Name of Employer Occupation  
Thieman & Kaufman Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2006

Transaction ID: 60430.C7345

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Thieman & Ward

Mailing Address Koppers Bldg. Suite 2312  
436 Seventh Ave.

City State Zip Code  
Pittsburgh PA 15219

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  
04 / 26 / 2006

Transaction ID: 60430.C7344

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 45
	<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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
William A. Thomasmeyer

Mailing Address 218 Timber Ridge Road

City Pittsburgh State PA Zip Code 15238

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

Name of Employer National Defense Robotics Cntr Occupation Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 60430.C7338

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)  
Jon C. Walker

Mailing Address 726 Tarpon Avenue

City Fernandina Beach State FL Zip Code 32034

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

Name of Employer Ritz Carlton Occupation Guest services

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 60430.C7321

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)  
Van B. Walker

Mailing Address AEA Tech. Eng. Serv.  
River Park Commons, Ste. 700

City Pittsburgh State PA Zip Code 15203-2181

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

Name of Employer AEA Technology Eng. Services Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: 60430.C7287

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) ..... ▶ **2100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 45	
	(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)  
Doyle for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Van B. Walker

Mailing Address AEA Tech. Eng. Serv.  
River Park Commons, Ste. 700

City Pittsburgh State PA Zip Code 15203-2181

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

Name of Employer AEA Technology Eng. Services Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  

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

Transaction ID: 60430.C7288

Amount of Each Receipt this Period  
1900.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	34200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 45	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

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

Mailing Address 205 Hawthorne Ct.

City State Zip Code  
Pittsburgh PA 15221-

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

Name of Employer Occupation  
U.S. House of Representatives Congressman

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

775.28

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: 60411.C7263

Amount of Each Receipt this Period  
73.60

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	73.60
<b>TOTAL</b> This Period (last page this line number only) .....	73.60

# 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 28 / 45

<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)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> 60411.E5739 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 650448		Amount of Each Disbursement this Period 10536.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75265-0448	CREDIT CARD: SEE BELOW	
Purpose of Disbursement CREDIT CARD: SEE BELOW		Category/ Type
Candidate Name		
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) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. AOL</b>		<b>Transaction ID:</b> 60411.E5750 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 22000 AOL Way		Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sterling State VA Zip Code 20166-	[MEMO ITEM] MEMO: ISP CHARGES	
Purpose of Disbursement ISP CHARGES		Category/ Type
Candidate Name		
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) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. Alexanders</b>		<b>Transaction ID:</b> 60411.E5751 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 5104 Liberty Avenue		Amount of Each Disbursement this Period 324.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15224-	[MEMO ITEM] MEMO: 8TH WARD COMMITTEE DINNER	
Purpose of Disbursement 8TH WARD COMMITTEE DINNER		Category/ Type
Candidate Name		
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) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10536.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 45

<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)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Childrens Home of PG</b>		<b>Transaction ID:</b> 60411.E5761 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 07 / 2006
Mailing Address 5618 Kentucky Avenue		Amount of Each Disbursement this Period 2250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15232-	Purpose of Disbursement DONATION 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) ▼	<b>[MEMO ITEM]</b> MEMO: DONATION

Full Name (Last, First, Middle Initial) <b>B. Circuit City</b>		<b>Transaction ID:</b> 60411.E5747 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 10 / 2006
Mailing Address Store 3618		Amount of Each Disbursement this Period 359.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15235-5412	Purpose of Disbursement DOOR PRIZES 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) ▼	<b>[MEMO ITEM]</b> MEMO: DOOR PRIZES

Full Name (Last, First, Middle Initial) <b>C. Francos Ristorante</b>		<b>Transaction ID:</b> 60411.E5757 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 23 / 2006
Mailing Address 1103 Freeport Rd.		Amount of Each Disbursement this Period 93.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15238-	Purpose of Disbursement FINANCE MEETING 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) ▼	<b>[MEMO ITEM]</b> MEMO: FINANCE MEETING

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 45

<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)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hilton Hotels</b>		Transaction ID: 60411.E5759 Date of Disbursement 04 / 04 / 2006	
Mailing Address 2nd Street		Amount of Each Disbursement this Period 396.91	
City Harrisburg State PA Zip Code 17120-	Purpose of Disbursement LODGING EXPENSE PETITION FILING	<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) ▼	<b>[MEMO ITEM]</b> MEMO: LODGING EXPENSE PETITION FILING	

Full Name (Last, First, Middle Initial) <b>B. Houlihans</b>		Transaction ID: 60411.E5756 Date of Disbursement 04 / 02 / 2006	
Mailing Address 300 Monroeville Mall		Amount of Each Disbursement this Period 40.60	
City Monroeville State PA Zip Code 15146-	Purpose of Disbursement COMMITTEE LUNCH	<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) ▼	<b>[MEMO ITEM]</b> MEMO: COMMITTEE LUNCH	

Full Name (Last, First, Middle Initial) <b>C. Kinkos</b>		Transaction ID: 60411.E5746 Date of Disbursement 04 / 10 / 2006	
Mailing Address William Penn Highway		Amount of Each Disbursement this Period 424.87	
City Monroeville State PA Zip Code 15146-	Purpose of Disbursement COPY STREET LISTS	<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) ▼	<b>[MEMO ITEM]</b> MEMO: COPY STREET LISTS	

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 45

<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)  
Doyle for Congress Committee

<p><b>A. Lidias</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Lidias</p> <p>Mailing Address 1400 Smallman Street</p> <p>City Pittsburgh State PA Zip Code 15222-</p> <p>Purpose of Disbursement FINANCE MEETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60411.E5752</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="192.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FINANCE MEETING</p>
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<p><b>B. Mendocino Resturant</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mendocino Resturant</p> <p>Mailing Address 2917 M St. NW</p> <p>City Washington State DC Zip Code 20007-</p> <p>Purpose of Disbursement FUNDRAISER-FOOD/BEV. EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60411.E5762</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1496.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: FUNDRAISER-FOOD/BEV. EXPENSE</p>
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<p><b>C. Office Depot</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Office Depot</p> <p>Mailing Address 1736 S. Braddock Ave.</p> <p>City Pittsburgh State PA Zip Code 15218-</p> <p>Purpose of Disbursement COMPUTER SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 60411.E5749</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="429.65"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: COMPUTER SUPPLIES</p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Pittsburgh Post-Gazette</b>		Transaction ID: 60411.E5764 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 747012		Amount of Each Disbursement this Period 13.00
City Pittsburgh State PA Zip Code 15219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	<b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
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>B. Sheraton Station Square</b>		Transaction ID: 60411.E5744 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address 7 Station Square Drive		Amount of Each Disbursement this Period 723.23
City Pittsburgh State PA Zip Code 15219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CITY CHAIRS BREAKFAST	Candidate Name	<b>[MEMO ITEM]</b> MEMO: CITY CHAIRS BREAKFAST
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>C. USA Sports Marketing</b>		Transaction ID: 60411.E5748 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 100 Macy St.		Amount of Each Disbursement this Period 3280.00
City Amesbury State MA Zip Code 01913-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AUCTION GIFTS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: AUCTION GIFTS
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Anzalone Liszt Research, Inc.</b>		<b>Transaction ID:</b> 60430.E5783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 260 Commerce Street, 4th Fl.		Amount of Each Disbursement this Period 21375.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Montgomery State AL Zip Code 36104-	Purpose of Disbursement BENCHMARK POLL 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) ▼	BENCHMARK POLL

Full Name (Last, First, Middle Initial) <b>B. Bloomfield Youth Athletic Assoc.</b>		<b>Transaction ID:</b> 60411.E5735 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 227 Pearl Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15224-	Purpose of Disbursement SPONSOR 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) ▼	SPONSOR

Full Name (Last, First, Middle Initial) <b>C. Lawrenceville Brewery</b>		<b>Transaction ID:</b> 60430.E5794 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 3525 Liberty Avenue		Amount of Each Disbursement this Period 2652.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15201-	Purpose of Disbursement VOLUNTEER DINNER FOOD/BEV. 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) ▼	VOLUNTEER DINNER FOOD/BEV.

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	24277.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Buffalo Flowers</b>		<b>Transaction ID:</b> 60411.E5740 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 822 Linden Avenue		Amount of Each Disbursement this Period 176.55
City E Pittsburgh State PA Zip Code 15112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNERAL BASKETS	Candidate Name	FUNERAL BASKETS
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>B. The Bulletin</b>		<b>Transaction ID:</b> 60414.E5779 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 5149 Penn Avenue		Amount of Each Disbursement this Period 779.00
City Pittsburgh State PA Zip Code 15244-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FULL PAGE AD	Candidate Name	FULL PAGE 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>C. Petty Cash</b>		<b>Transaction ID:</b> 60430.E5788 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 17426		Amount of Each Disbursement this Period 300.00
City Pittsburgh State PA Zip Code 15235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MISC. OFFICE EXPENSE	Candidate Name	MISC. OFFICE 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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1255.55
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		<b>Transaction ID:</b> 60411.E5738 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 04 / 2006
Mailing Address P.O. Box 3001		Amount of Each Disbursement this Period 45.95
City Southeastern State PA Zip Code 19398-3001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CABLE MODEM	Candidate Name	CABLE MODEM
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>B. All. Co. Dem. Primary Com. - Federal</b>		<b>Transaction ID:</b> 60430.E5791 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 18 / 2006
Mailing Address 810 River Avenue, Ste. 210		Amount of Each Disbursement this Period 3000.00
City Pittsburgh State PA Zip Code 15212-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CANDIDATE ASSESSMENT	Candidate Name	CANDIDATE ASSESSMENT
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>C. National Democratic Club</b>		<b>Transaction ID:</b> 60430.E5785 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 16 / 2006
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 26.20
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELEGATION MEETING	Candidate Name	DELEGATION MEETING
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3072.15</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Dollar Bank</b>		<b>Transaction ID:</b> 60411.E5728	
Mailing Address 22 Braddock Hills Office		Date of Disbursement 04 / 01 / 2006	
City Pittsburgh	State PA	Zip Code 15221-	Amount of Each Disbursement this Period 789.50
Purpose of Disbursement FEDERAL TAX DEPOSIT		<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) ▼		
State: District:	FEDERAL TAX DEPOSIT		

Full Name (Last, First, Middle Initial) <b>B. Michael Doyle</b>		<b>Transaction ID:</b> 60430.E5805	
Mailing Address 205 Hawthorne Ct.		Date of Disbursement 04 / 25 / 2006	
City Pittsburgh	State PA	Zip Code 15221-	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement REIMBURSEMENT		<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) ▼		
State: District:	REIMBURSEMENT		

Full Name (Last, First, Middle Initial) <b>C. Susan B. Doyle</b>		<b>Transaction ID:</b> 60411.E5727	
Mailing Address 205 Hawthorne Court		Date of Disbursement 04 / 01 / 2006	
City Pittsburgh	State PA	Zip Code 15221-	Amount of Each Disbursement this Period 1800.00
Purpose of Disbursement SALARY		<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) ▼		
State: District:	SALARY		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3089.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

<b>A. Susan Graham</b> Full Name (Last, First, Middle Initial) Mailing Address 2130 Wightman Street Apt. #25 City Pittsburgh State PA Zip Code 15217- Purpose of Disbursement POLITICAL 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) ▼		<b>Transaction ID: 60411.E5766</b> Date of Disbursement 04 / 07 / 2006 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING
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<b>B. Susan Graham</b> Full Name (Last, First, Middle Initial) Mailing Address 2130 Wightman Street Apt. #25 City Pittsburgh State PA Zip Code 15217- Purpose of Disbursement POLITICAL 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) ▼		<b>Transaction ID: 60411.E5767</b> Date of Disbursement 04 / 14 / 2006 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING
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<b>C. Susan Graham</b> Full Name (Last, First, Middle Initial) Mailing Address 2130 Wightman Street Apt. #25 City Pittsburgh State PA Zip Code 15217- Purpose of Disbursement POLITICAL 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) ▼		<b>Transaction ID: 60411.E5768</b> Date of Disbursement 04 / 21 / 2006 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Jewish Chronicle</b>		<b>Transaction ID:</b> 60411.E5732 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 5600 Baum Blvd.		Amount of Each Disbursement this Period 311.75
City Pittsburgh State PA Zip Code 15206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD Candidate Name	Category/Type	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>B. Jewish Chronicle</b>		<b>Transaction ID:</b> 60430.E5797 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 5600 Baum Blvd.		Amount of Each Disbursement this Period 1247.00
City Pittsburgh State PA Zip Code 15206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD Candidate Name	Category/Type	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>C. Kieloch Consulting</b>		<b>Transaction ID:</b> 60411.E5772 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 301 4th St. NE Suite 202		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONSULTING Candidate Name	Category/Type	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4058.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Message &amp; Media</b>		<b>Transaction ID:</b> 60430.E5781 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 14 / 2006
Mailing Address 100 Albany Street		Amount of Each Disbursement this Period 625.00
City New Brunswick State NJ Zip Code 08901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD ARTWORK	Candidate Name	AD ARTWORK
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>B. Message &amp; Media</b>		<b>Transaction ID:</b> 60430.E5802 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 19 / 2006
Mailing Address 100 Albany Street		Amount of Each Disbursement this Period 7800.00
City New Brunswick State NJ Zip Code 08901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WALK PIECE	Candidate Name	WALK PIECE
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>C. PA Department of Revenue</b>		<b>Transaction ID:</b> 60411.E5729 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 01 / 2006
Mailing Address P.O. Box 280401		Amount of Each Disbursement this Period 76.75
City Harrisburg State PA Zip Code 17128-0401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE WITHHOLDING	Candidate Name	STATE WITHHOLDING
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8501.75</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. PA Municipal Service Company</b>		<b>Transaction ID:</b> 60411.E5730 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address 128 Forest Hills Plaza 21 Yost Blvd.		Amount of Each Disbursement this Period 75.00
City Pittsburgh State PA Zip Code 15221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 1ST QUARTER WAGE TAX	Candidate Name	1ST QUARTER WAGE 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>B. PA UC Fund</b>		<b>Transaction ID:</b> 60411.E5731 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 68568		Amount of Each Disbursement this Period 281.40
City Harrisburg State PA Zip Code 17106-8568	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PA UC TAX	Candidate Name	PA UC 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>C. Palmieris</b>		<b>Transaction ID:</b> 60430.E5801 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address Penn Plaza Shopping Center		Amount of Each Disbursement this Period 479.07
City Turtle Creek State PA Zip Code 15145-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHAIRMENS BREAKFAST	Candidate Name	CHAIRMENS BREAKFAST
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	835.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Penn Hills Senior Center</b>		<b>Transaction ID:</b> 60430.E5780 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 147 Jefferson Rd.		Amount of Each Disbursement this Period 150.00	
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement TEAM SPONSOR Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		TEAM SPONSOR	

Full Name (Last, First, Middle Initial) <b>B. Penn Hills Postmaster</b>		<b>Transaction ID:</b> 60430.E5804 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address		Amount of Each Disbursement this Period 8000.00	
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement BULK MAIL POSTAGE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		BULK MAIL POSTAGE	

Full Name (Last, First, Middle Initial) <b>C. The Print &amp; Copy Center</b>		<b>Transaction ID:</b> 60411.E5725 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6	
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 185.45	
City Verona State PA Zip Code 15147-	Purpose of Disbursement POSTCARDS Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		POSTCARDS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8335.45</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. The Print &amp; Copy Center</b>		<b>Transaction ID:</b> 60411.E5765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 1011.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Verona State PA Zip Code 15147-	Purpose of Disbursement LETTERHEAD & ENVELOPES 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) ▼	LETTERHEAD & ENVELOPES

Full Name (Last, First, Middle Initial) <b>B. The Print &amp; Copy Center</b>		<b>Transaction ID:</b> 60430.E5786 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 229.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Verona State PA Zip Code 15147-	Purpose of Disbursement POSTCARDS/ENVELOPES 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) ▼	POSTCARDS/ENVELOPES

Full Name (Last, First, Middle Initial) <b>C. The Print &amp; Copy Center</b>		<b>Transaction ID:</b> 60430.E5806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 163.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Verona State PA Zip Code 15147-	Purpose of Disbursement POSTCARDS 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) ▼	POSTCARDS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1404.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Mara Rago Photography</b>		<b>Transaction ID:</b> 60411.E5775 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address 5720 Friendship Avenue Studio 215		Amount of Each Disbursement this Period 275.00
City Pittsburgh State PA Zip Code 15206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN PHOTOS	Candidate Name	CAMPAIGN PHOTOS
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>B. Mara Rago Photography</b>		<b>Transaction ID:</b> 60430.E5800 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 6
Mailing Address 5720 Friendship Avenue Studio 215		Amount of Each Disbursement this Period 642.56
City Pittsburgh State PA Zip Code 15206-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN PHOTOGRAPHY	Candidate Name	CAMPAIGN PHOTOGRAPHY
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>C. 225 Ross St. Assoc., LP</b>		<b>Transaction ID:</b> 60430.E5789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address Suite 500 225 Ross Street		Amount of Each Disbursement this Period 1000.00
City Pittsburgh State PA Zip Code 15219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN OFFICE RENT	Candidate Name	CAMPAIGN OFFICE RENT
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1917.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> 60411.E5776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 205.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21265-0646	Category/Type	
Purpose of Disbursement PHONE CHARGES		PHONE CHARGES
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>B. Verizon Wireless</b>		<b>Transaction ID:</b> 60411.E5726 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 77.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1464	Category/Type	
Purpose of Disbursement PHONE CHARGES		PHONE CHARGES
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>C. Verizon Wireless</b>		<b>Transaction ID:</b> 60430.E5793 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 84.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1464	Category/Type	
Purpose of Disbursement PHONE CHARGES		PHONE CHARGES
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	367.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Doyle for Congress Committee

<b>A.</b> Clayton Wukich Full Name (Last, First, Middle Initial) Mailing Address 115 Gardener Road City Slippery Rock State PA Zip Code 16057- Purpose of Disbursement POLITICAL 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) ▼		<b>Transaction ID:</b> 60411.E5711 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING
<b>B.</b> Clayton Wukich Full Name (Last, First, Middle Initial) Mailing Address 115 Gardener Road City Slippery Rock State PA Zip Code 16057- Purpose of Disbursement POLITICAL 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) ▼		<b>Transaction ID:</b> 60411.E5712 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING
<b>C.</b> Clayton Wukich Full Name (Last, First, Middle Initial) Mailing Address 115 Gardener Road City Slippery Rock State PA Zip Code 16057- Purpose of Disbursement POLITICAL 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) ▼		<b>Transaction ID:</b> 60411.E5713 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>72450.88</b>