

# 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  
WALSH FOR CONGRESS COMMITTEE

ADDRESS (number and street) 306 WINKWORTH PARKWAY  
 Check if different than previously reported. (ACC)  
SYRACUSE NY 13215

2. **FEC IDENTIFICATION NUMBER** C00225623  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NY 25

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 11 02 2004 in the State of NY  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 07 01 2006 through 08 23 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 EDWARD J. MORAN

Signature of Treasurer Electronically Filed by EDWARD J. MORAN Date 12 13 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

WALSH FOR CONGRESS COMMITTEE

Report Covering the Period: From:    To:

	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)).....	105940.50	774197.66
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	105940.50	774047.66
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	90119.57	447581.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	242.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	90119.57	447339.10
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	616910.86	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	1516.53	

**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  
**WALSH FOR CONGRESS COMMITTEE**

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
2	3

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).....

38657.50

376298.50

(ii) Unitemized.....

12440.00

49691.00

(iii) TOTAL of contributions

51097.50

425989.50

from individuals..... ▶

1450.00

7353.00

(b) Political Party Committees.....

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

53393.00

340855.16

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

105940.50

774197.66

(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

0.00

0.00

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

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

0.00

242.00

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

2174.43

24839.44

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

108114.93

799279.10

**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.....	90119.57	447581.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	150.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	150.00
21. OTHER DISBURSEMENTS.....	8800.00	221198.47
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98919.57	668929.57

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	607715.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	108114.93
25. SUBTOTAL (add Line 23 and Line 24).....	715830.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98919.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	616910.86

# 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 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A. M. O. Voluntary Fund</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 2 W. Dixie Highway Attn: Karen A. Hoover Myers		<b>Transaction ID: C-8-05OW04</b>	
City Dania State FL Zip Code 33004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00027532		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. ACA - PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 1701 Clarendon Blvd		<b>Transaction ID: C-17-021V04</b>	
City Arlington State VA Zip Code 22209		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00102764		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Academy Of Dispensing Audiologists P. A. C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 401 North Michigan Avenue		<b>Transaction ID: C-18-05Zm01</b>	
City Chicago State IL Zip Code 60611		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00351015		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<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 6 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Agri Mark P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address Legislation & Education Comm P. O. Box # 5800		Transaction ID: C-27-020iOY	
City <b>Lawrence</b>	State <b>MA</b>	Zip Code <b>01842</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C C00141242</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input 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>B. Air Line Pilots Association P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address Attn: Frank Voyack 1625 Massachusetts Ave. N. W.		Transaction ID: C-31-05Sa03	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C C00035451</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. American Academy Of Audiology P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006	
Mailing Address 11730 Plaza America Dr. Ste 300		Transaction ID: C-57-05SE05	
City <b>Reston</b>	State <b>VA</b>	Zip Code <b>20190</b>	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C C00342972</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Academy Of Audiology P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address 11730 Plaza America Dr. Ste 300		Transaction ID: C-58-05SE06
City Reston State VA Zip Code 20190	FEC ID number of contributing federal political committee. <b>C</b> C00342972	Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

Full Name (Last, First, Middle Initial) <b>B. American Association Of Orthodontists</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 08 / 2006
Mailing Address Political Action Committee 401 North Lindbergh Blvd		Transaction ID: C-64-05ak01
City Saint Louis State MO Zip Code 63141	FEC ID number of contributing federal political committee. <b>C</b> C00293910	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
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. American Medical Assoc P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 11 / 2006
Mailing Address 1101 Vermont Ave. NW		Transaction ID: C-84-011M00
City Washington State DC Zip Code 20005	FEC ID number of contributing federal political committee. <b>C</b> C00000422	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7500.00</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: <span style="float: right;">PAGE 8 / 72</span>
	(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)  
**WALSH FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
American Nurses Assoc P. A. C.

Mailing Address 8515 Georgia Avenue Ste 400

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2006

**Transaction ID:** C-85-05bL01

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Optometric Assn. AOA-PAC

Mailing Address 1505 Prince St. 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00024968

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  
07 / 31 / 2006

**Transaction ID:** C-88-02910N

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
B. A. E. Systems U. S. A. P. A. C.

Mailing Address Attn: John Fraser  
1215 Jefferson Davs Highway Suite

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00281212

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  
07 / 26 / 2006

**Transaction ID:** C-118-04vB0C

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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: <span style="float: right;">PAGE 9 / 72</span>
	(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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Boeing P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address <b>1200 Wilson Boulevard</b>		<b>Transaction ID: C-184-04UB0N</b>	
City State Zip Code <b>Arlington VA 22209</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00142711</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. B. R. A. C. E. P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address <b>2000 K. Street N. W. Ste 500</b>		<b>Transaction ID: C-207-05aM01</b>	
City State Zip Code <b>Washington DC 20006</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00021295</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Clear Channel Comm P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address <b>1401 I. Street NW Suite 401</b>		<b>Transaction ID: C-363-05am01</b>	
City State Zip Code <b>Washington DC 20005</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00279216</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>3000.00</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 10 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Clear Channel Comm P. A. C.		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1401 I. Street NW Suite 401		Transaction ID: C-364-05am02	
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00279216		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Constellation Energy P. A. C.		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 750 E. Pratt St. 5TH Flr Attn: David Gilbert		Transaction ID: C-395-05aa01	
City Baltimore State MD Zip Code 21202	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. <b>C</b> C00041376		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2500.00	

C. Full Name (Last, First, Middle Initial) Dairy Farmers Of America Inc.		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address D. E. P. A. C. 10220 N. Ambassador Drive		Transaction ID: C-447-04kv0J	
City Kansas City State MO Zip Code 64153	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b> C00001388		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

<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: (check only one)	PAGE 11 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Drive Committee Mailing Address <b>International Brotherhood Of Teams</b> <b>25 Louisiana Ave. N. W.</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	4		2	0	0	6													
City <b>Washington</b> State <b>DC</b> Zip Code <b>20001</b>		<b>Transaction ID: C-505-04gF02</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>5000.00</b>																				
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Election Cycle-to-Date ▼ <b>5000.00</b>																						

<b>B.</b> Full Name (Last, First, Middle Initial) Enpro Industries Inc. P. A. C. Mailing Address <b>5605 Carnegie Blvd Suite 500</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	0	6													
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>28209</b>		<b>Transaction ID: C-548-05bE01</b>																				
FEC ID number of contributing federal political committee. <b>C C00379784</b>		Amount of Each Receipt this Period <b>500.00</b>																				
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Election Cycle-to-Date ▼ <b>500.00</b>																						

<b>C.</b> Full Name (Last, First, Middle Initial) Fluor Corporation P. A. C. Mailing Address <b>403 East Capitol Street SE</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	3		2	0	0	6													
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>		<b>Transaction ID: C-606-05bF01</b>																				
FEC ID number of contributing federal political committee. <b>C C00034132</b>		Amount of Each Receipt this Period <b>1000.00</b>																				
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
Election Cycle-to-Date ▼ <b>1000.00</b>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>6500.00</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 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Genworth Financial P. A. C.		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006
Mailing Address 701 13th Street NW Suite 710		Transaction ID: C-648-05ao01
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00404194		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> I. T. T. Industries P. A. C.		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address Attn: Doc Syers 4 West Red Oak Lane		Transaction ID: C-831-05Ta03
City State Zip Code White Plains NY 10604	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00141002		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jacobs Good		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006
Mailing Address Government Fund- P. A. C. 1111 S. Arroyo Parkway		Transaction ID: C-859-04vh07
City State Zip Code Pasadena CA 91105	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00142299		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<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 13 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. McAllister &amp; Quinn L. L. C. P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2006	
Mailing Address 1133 Connecticut Avenue NW Ste 725		<b>Transaction ID: C-1154-05at01</b>	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 243.00		
FEC ID number of contributing federal political committee. <b>C C00418913</b>		<b>FUND-RAISING SUPPORT/MAIL</b>	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 243.00		
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) <b>B. Mortgage Insurance P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 1425 K. Street N. W. Ste 210 Attn: Suzanne C. Hutchinson		<b>Transaction ID: C-1215-04kx0A</b>	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00113258</b>			
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) <b>C. N. A. P. U. S. P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2006	
Mailing Address For Postmasters 8 Herbert Street		<b>Transaction ID: C-1241-04IT03</b>	
City State Zip Code Fairfax VA 22035	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C C00100404</b>			
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		
		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2243.00</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 14 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. National Fuel Gas F. E. D. P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address <b>10 Lafayette Square</b>		<b>Transaction ID: C-1260-05ab01</b>	
City State Zip Code <b>Buffalo NY 14203</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00083758</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. National Milk Producers Federation P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address <b>Mr. Roger D. Eldridge 2101 Wilson Boulevard Ste 400</b>		<b>Transaction ID: C-1266-04IE0D</b>	
City State Zip Code <b>Arlington VA 22201</b>		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00325324</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Oldcastle Materials P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address <b>101 Constitution Ave. NW Ste 600W Attn: John C. Hay</b>		<b>Transaction ID: C-1311-05NQ04</b>	
City State Zip Code <b>Washington DC 20001</b>		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00346353</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<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 15 / 72
	(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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Physical Therapy P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address 1111 N. Fairfax St.		<b>Transaction ID: C-1373-04Q604</b>	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00012880</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Preston Gates Ellis &amp; Meeds Rouvelas L. L.</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address Political Action Committee 1735 New York Avenue N. W. - Suite		<b>Transaction ID: C-1399-04vF02</b>	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00213173</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Prostate Cancer Research P. A. C.</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 212 N. Sangamon St. No 1A		<b>Transaction ID: C-1404-05ac01</b>	
City State Zip Code Chicago IL 60607		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C C00329979</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>2000.00</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 16 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Realtors P. A. C. - National		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address Association Of Realtors 700 11th Street, N.W.		Transaction ID: C-1436-013h1b	
City State Zip Code Washington DC 20001		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00030718		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Road To Victory P. A. C.		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address John Duncan Honorary Chairman 1155 21st Street NW Suite 300		Transaction ID: C-1454-05aU01	
City State Zip Code Washington DC 20036		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00385377		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rock P. A. C.		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2006	
Mailing Address National Stone Sand & Gravel Assoc 1605 King Street		Transaction ID: C-1465-05bH01	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00089458		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	11000.00
<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 17 / 72	
	(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)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Welch Allyn Inc. P. A. C.

Mailing Address Attn: Sarah D. Cates  
4341 State Street

City State Zip Code  
Skaneateles Falls NY 13153

FEC ID number of contributing federal political committee.  
**C** C00363150

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4150.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2006

Transaction ID: C-1797-05Cu07

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	53393.00

**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 18 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Angelo Albanese		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 14 Kevan Circle		Transaction ID: C-37-01Hd1V
City Manlius	State NY	Zip Code 13104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer N/A	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. William Allyn		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 3415 East Lake Road		Transaction ID: C-49-03ib07
City Skaneateles	State NY	Zip Code 13152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Neil Baisch		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 43 Woody Lane		Transaction ID: C-121-05au01
City Rochester	State NY	Zip Code 14625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BAISCH CONTRACTING	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	775.00
<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 19 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Edward J. Barno</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 3229 East Lake Road		<b>Transaction ID: C-131-05Wm02</b>	
City State Zip Code Skaneateles NY 13152		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SELF-EMPLOYED Occupation INVESTOR			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Bond Schoeneck &amp; King</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address One Lincoln Center		<b>Transaction ID: C-190-03XS0S</b>	
City State Zip Code Syracuse NY 13202		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer ATTORNEYS Occupation LAW FIRM			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2250.00	

Full Name (Last, First, Middle Initial) <b>C. Marshall K. Boylard</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 15507 Stable Lake Drive		<b>Transaction ID: C-205-05Zz01</b>	
City State Zip Code Cypress TX 77429		Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer US FAMILY HEALTH PLAN AT CHRISTUS HEA Occupation EXECUTIVE DIRECTOR			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<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 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Michael Byrne</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6	
Mailing Address 3415 E. Lake Road		<b>Transaction ID: C-266-02Um0B</b>	
City State Zip Code Skaneateles NY 13152	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Byrne, Costello & Pickard	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. David P. Chicoine</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 115 Chandler Street No 4		<b>Transaction ID: C-328-05a101</b>	
City State Zip Code Boston MA 02116	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer US FAMILY HEALTH PLAN ALL-IANCE	Occupation CHAIRMAN		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Margaret M. Churchill</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 4308 Walworth Ontario Road		<b>Transaction ID: C-344-05UK03</b>	
City State Zip Code Walworth NY 14568	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer WAYNE COUNTY IDA	Occupation ECONOMIC DEVELOPMENT / PLANNING		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Richard Clark

Mailing Address P. O. Box 655

City State Zip Code  
Cazenovia NY 13035

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

Name of Employer Occupation  
Clark's Petroleum President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2006

Transaction ID: C-359-01CF1R

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Don Colvin

Mailing Address 1400 Hogback Road

City State Zip Code  
Savannah NY 13146

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

Name of Employer Occupation  
WAYNE COUNTY SUPERVISOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2006

Transaction ID: C-377-05Lo04

Amount of Each Receipt this Period  
20.00

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

**C.** Full Name (Last, First, Middle Initial)  
Don Colvin

Mailing Address 1400 Hogback Road

City State Zip Code  
Savannah NY 13146

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

Name of Employer Occupation  
WAYNE COUNTY SUPERVISOR

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2006

Transaction ID: C-378-05Lo05

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>420.00</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 22 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mary Cooke

Mailing Address 709 Cambry Drive

City State Zip Code  
Bel Air MD 21015

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

Name of Employer Occupation  
US FAMILY HEALTH PLAN - DIRECTOR  
JOHNS HOPKINS

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

220.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2006

Transaction ID: C-398-05a201

Amount of Each Receipt this Period  
220.00

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

**B.** Full Name (Last, First, Middle Initial)  
W. Carroll Coyne

Mailing Address 4163 Meadow Hill Road

City State Zip Code  
Cazenovia NY 13035

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

Name of Employer Occupation  
Hancock & Estabrook Attorney

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

400.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: C-413-003D0N

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 4835 Sweet Rd.

City State Zip Code  
Manlius NY 13104

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

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

225.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C-428-00Gy0P

Amount of Each Receipt this Period  
25.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>495.00</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 23 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Edward Curtis</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 357 Cobbs Hill Drive		Transaction ID: C-439-05PK03	
City Rochester	State NY	Zip Code 14610	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RETIRED	Occupation CANAL BOAT COMMODORE		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Davidoff Malito &amp; Hatcher L. L. P.</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 605 Third Avenue		Transaction ID: C-450-05Eg04	
City New York	State NY	Zip Code 10158	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Robert M. Delf</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address P. O. Box 5		Transaction ID: C-469-05aw01	
City Wolcott	State NY	Zip Code 14590	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BIG M SUPERMARKET OF WOLCOTT		Occupation OWNER	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 24 / 72</span>
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**WALSH FOR CONGRESS COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gary Dower</p> <p>Mailing Address P.O. Box 33</p> <p>City State Zip Code <b>Skaneateles NY 13152</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>THE PYRAMID COMPANIES PARTNER</b></p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>250.00</b></p>	<p>Date of Receipt <b>08 / 23 / 2006</b></p> <p><b>Transaction ID: C-502-02d803</b></p> <p>Amount of Each Receipt this Period <b>250.00</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) John Dudinsky &amp; Associates</p> <p>Mailing Address 3878 Blufton Mill Road</p> <p>City State Zip Code <b>Free Union VA 22940</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>1833.50</b></p>	<p>Date of Receipt <b>07 / 26 / 2006</b></p> <p><b>Transaction ID: C-513-05Yk02</b></p> <p>Amount of Each Receipt this Period <b>833.50</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) John Dudinsky</p> <p>Mailing Address Route 1 Box 191</p> <p>City State Zip Code <b>Free Union VA 22940</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation <b>SELF-EMPLOYED CONSULTANT</b></p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>1833.50</b></p>	<p>Date of Receipt <b>07 / 26 / 2006</b></p> <p><b>Transaction ID: C-515-05YI02</b></p> <p>Amount of Each Receipt this Period <b>833.50</b></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1083.50</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 25 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

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

Mailing Address 115 Parsons Dr.

City State Zip Code  
Syracuse NY 13219

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

Name of Employer Occupation  
LOCKHEED MARTIN CO. ENGINEER

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

800.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: C-524-04GM0E

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 115 Parsons Dr.

City State Zip Code  
Syracuse NY 13219

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

Name of Employer Occupation  
LOCKHEED MARTIN CO. ENGINEER

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

800.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2006

Transaction ID: C-525-04GM0F

Amount of Each Receipt this Period  
50.00

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

**C.** Full Name (Last, First, Middle Initial)  
James L. Ervin

Mailing Address 116 Queen Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
ERVIN TECHNICAL ASSOCIATE-S. INC. PRESIDENT

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

500.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: C-550-05a601

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</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 26 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Jane E. Fallon		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 4775 Ormonde Drive		Transaction ID: C-570-01Nr0D
City State Zip Code Cazenovia NY 13035	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Occupation Homemaker	Election Cycle-to-Date ▼ 375.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> James Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address Bond Schoeneck & King One Lincoln Center		Transaction ID: C-601-00Yv0H
City State Zip Code Syracuse NY 13202	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Bond, Schoeneck & King Occupation Attorney	Election Cycle-to-Date ▼ 425.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> David M. Flaum		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 3365 Elmwood Avenue		Transaction ID: C-602-05ax01
City State Zip Code Rochester NY 14610	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer FLAUM MANAGEMENT Occupation OWNER	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<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 27 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Laraine Frohlich</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 4194 Washington Street		Transaction ID: C-631-05a801	
City Pultneyville	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 14538		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation RETIRED		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Mary Goddard</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 102 Britain Rd.		Transaction ID: C-676-00YM0R	
City Fayetteville	State NY	Amount of Each Receipt this Period 100.00	
Zip Code 13066		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer None		Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>C. Philip Gross</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 8 Pellington Court		Transaction ID: C-709-05aO01	
City Pine Brook	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 07058		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer STARFIRE SYSTEMS		Occupation MEMBER, BOARD OF DIRECTORS	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1600.00
<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 28 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALSH FOR CONGRESS COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) John Hannan Mailing Address P. O. Box 50 City State Zip Code <b>Skaneateles NY 13152</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 23 / 2006</b> <b>Transaction ID: C-735-05b301</b> Amount of Each Receipt this Period <b>250.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation INFO REQUESTED INFO REQUESTED Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>250.00</b>		

<b>B.</b> Full Name (Last, First, Middle Initial) Alfreda Harrington Mailing Address 125 Stanwood Ln. City State Zip Code <b>Manlius NY 13104</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 23 / 2006</b> <b>Transaction ID: C-740-01ps0Q</b> Amount of Each Receipt this Period <b>100.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation N/A RETIRED Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>375.00</b>		

<b>C.</b> Full Name (Last, First, Middle Initial) Frank Hiscock Mailing Address P.O. Box 611 City State Zip Code <b>Skaneateles NY 13152</b>		Date of Receipt M M / D D / Y Y Y Y <b>08 / 16 / 2006</b> <b>Transaction ID: C-781-00KZ0R</b> Amount of Each Receipt this Period <b>100.00</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation N/A Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>350.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</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 29 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. David H. Howes</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006	
Mailing Address 287 Church Road		Transaction ID: C-819-05aB01	
City Brunswick	State ME	Zip Code 04011	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MARTIN'S POINT HEALTH CARE	Occupation CHIEF EXECUTIVE OFFICER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Curtis Irwin</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2006	
Mailing Address 105 Boysen Rd.		Transaction ID: C-854-00L60d	
City North Syracuse	State NY	Zip Code 13212	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. Craig W. Johnson</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006	
Mailing Address 12115 Faulkner Drive		Transaction ID: C-874-05Zo01	
City Owings Mills	State MD	Zip Code 21117	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer AMERICAN ACADEMY OF AUDIO-LOGISTS	Occupation CHAIRMAN, GOVT. AFFAIRS COMMITTEE		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 30 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert W. Johnson

Mailing Address 630 Fifth Avenue Ste 1510

City State Zip Code  
New York NY 10111

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

Name of Employer Occupation  
THE JOHNSON COMPANY, INC. CHAIRMAN AND C.E.O.

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

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: C-876-05aP01

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2 Buckthorn Run

City State Zip Code  
Victor NY 14564

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

Name of Employer Occupation  
ULTRALIFE BATTERIES, INC. PRESIDENT & C.E.O.

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 31 / 2006

Transaction ID: C-892-05aQ01

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kathryn Kinder

Mailing Address 1029 Autumnree Court

City State Zip Code  
Skaneateles NY 13152

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

Name of Employer Occupation  
N/A HOMEMAKER

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

300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 23 / 2006

Transaction ID: C-962-04ZR02

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Marcia Kirsch Mailing Address 216 Broadview Dr. City State Zip Code Syracuse NY 13215 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006 <b>Transaction ID: C-980-01PX0F</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Occupation Physician Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1125.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Wallace A. Krampf Mailing Address 1933 O'Neill Road City State Zip Code Macedon NY 14502 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006 <b>Transaction ID: C-994-05aq01</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer W. A. KRAPP INC. Occupation SELF-EMPLOYED MANUFACTURER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey L. Lawrence Mailing Address 400 North View Terrace City State Zip Code Alexandria VA 22301 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006 <b>Transaction ID: C-1031-04qh05</b> Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer THE NATIONAL GROUP, LLP Occupation PARTNER Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</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 32 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Sharon Lilla

Mailing Address 7140 Overlook Drive

City State Zip Code  
Sodus Point NY 14555

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

Name of Employer Occupation  
WAYNE COUNTY PLANNING DIRECTOR

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: C-1058-05ah01

Amount of Each Receipt this Period  
150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sharon Lilla

Mailing Address 7140 Overlook Drive

City State Zip Code  
Sodus Point NY 14555

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

Name of Employer Occupation  
WAYNE COUNTY PLANNING DIRECTOR

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 08 / 2006

Transaction ID: C-1059-05ah02

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
William Lynn

Mailing Address 3377 East Lake Rd.

City State Zip Code  
Skaneateles NY 13152

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

Name of Employer Occupation  
SELF-EMPLOYED Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 16 / 2006

Transaction ID: C-1088-016P06

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</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 33 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Robert J. Malito		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 200 Garden City Plaza		Transaction ID: C-1112-05bD01
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>	
Name of Employer DAVIDOFF MALITO & HUTCHER, LLP	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Tracy A. Malone		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6
Mailing Address 900 South 22nd Street		Transaction ID: C-1113-05aE01
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1667.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer US FAMILY HEALTH PLAN ALL-IANCE	Occupation EXECUTIVE DIRECTOR	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1667.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James Maloney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 113 Sharon Dr.		Transaction ID: C-1115-01QM0G
City State Zip Code Syracuse NY 13215	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer MERIT ELECTRIC	Occupation CONTRACTOR	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1917.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> William J. Marquardt		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 80 East Genesee Street		<b>Transaction ID:</b> C-1127-05bA01
City State Zip Code Skaneateles NY 13152	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer TRESPASZ & MARQUARDT, LLP	Occupation ATTORNEY	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gary Marshall		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6
Mailing Address 7355 Phelps Avenue		<b>Transaction ID:</b> C-1130-05aR01
City State Zip Code Wolcott NY 14590	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer MARSHALL FARMS GROUP LTD.	Occupation CHAIRMAN	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia Mautino		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 6126 Bay Hill Circle		<b>Transaction ID:</b> C-1145-01ft0S
City State Zip Code Jamesville NY 13078	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<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 35 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Donald Mawhinney</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address P. O. Box 4878		<b>Transaction ID: C-1149-00YH1O</b>	
City State Zip Code Syracuse NY 13221		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hiscock & Barclay	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B. John P. McAllister</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6	
Mailing Address 3039 Albemarle Street N. W.		<b>Transaction ID: C-1153-05RF05</b>	
City State Zip Code Washington DC 20008		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer McAllister & Quinn, LLC	Occupation Government Relations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Robert H. Michel</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6	
Mailing Address 322 Eighth Street S. E.		<b>Transaction ID: C-1191-05aS01</b>	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer HOGAN & HARTSON	Occupation SENIOR ADVISOR		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<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 36 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Michele Napier</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 5 Red Maple Ridge		Transaction ID: C-1245-05aF01	
City State Zip Code Croton On Hudson NY 10520		Amount of Each Receipt this Period 867.00	
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation US FAMILY HEALTH PLAN AT ST. VINCENT SENIOR VICE PRESIDENT			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 867.00	

Full Name (Last, First, Middle Initial) <b>B. Robert North</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 3582 County Line Road		Transaction ID: C-1285-04rz05	
City State Zip Code Skaneateles NY 13152		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation CISCO SYSTEMS SALES REP.			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Paratore</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 2299 Olanco Rd.		Transaction ID: C-1341-01jP01	
City State Zip Code Marietta NY 13110		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>	
Name of Employer Occupation RETIRED N/A			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1167.00
<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 37 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Joel Plumley</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2006
Mailing Address 3589 Patchett Road		<b>Transaction ID:</b> C-1391-01go0F
City State Zip Code Baldwinsville NY 13027	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Plumley Engineering, P.C.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>B. Susan D. Proseus</b>		Date of Receipt MM / DD / YYYY 08 / 04 / 2006
Mailing Address 33 Jackson Street		<b>Transaction ID:</b> C-1403-05ZP02
City State Zip Code Lyons NY 14489	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer CLYDE-SAVANNAH C.S.D.	Occupation SPEECH PATHOLOGIST	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas P. Quinn</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 305 Dewitt Street		<b>Transaction ID:</b> C-1414-05Cg04
City State Zip Code Syracuse NY 13214	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer COMMUNITY GENERAL HOSPITAL	Occupation PRESIDENT & CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 38 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Paul G. Rogers</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 555 13th Street N. W.		Transaction ID: C-1472-05aV01	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer HOGAN & HARTSON	Occupation PARTNER		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Libby Rubenstein</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 124 Pine Ridge Rd.		Transaction ID: C-1495-01hi09	
City State Zip Code Fayetteville NY 13066	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None	Occupation Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. Lawrence B. Ryan</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 9417 Sunnyfield Court		Transaction ID: C-1505-04pj0A	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer LAWRENCE B. RYAN INT'L	Occupation CONSULTANT		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<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 39 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Richard M. Saburro</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2006
Mailing Address 10 Hermes Road		<b>Transaction ID: C-1508-05aW01</b>
City State Zip Code Malta NY 12020	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
Name of Employer STARFIRE SYSTEMS	Occupation PRESIDENT AND C.E.O.	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Bill Sarpalius</b>		Date of Receipt MM / DD / YYYY 07 / 26 / 2006
Mailing Address 124 Eareckson Lane		<b>Transaction ID: C-1514-031001</b>
City State Zip Code Stevensville MD 21666	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 850.00
Name of Employer ADVANTAGE	Occupation CEO / PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Schneider</b>		Date of Receipt MM / DD / YYYY 08 / 23 / 2006
Mailing Address 5631 Davey Rd. Box 424		<b>Transaction ID: C-1538-00fU00</b>
City State Zip Code Brewerton NY 13029	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Schneider Pkg. Equip	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2900.00
<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 40 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mary Ann Shaw</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 12 Gayle Road		Transaction ID: C-1565-02IH03	
City State Zip Code Skaneateles NY 13152	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer None Occupation Homemaker	Election Cycle-to-Date ▼ 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Bonnie Singer</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address 10805 Hidden Trail Court		Transaction ID: C-1583-05Sr02	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer WASHINGTON ALLIANCE GROUP, INC. Occupation PRESIDENT	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. E. Carlyle Smith</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 4229 Wolf Hollow Rd.		Transaction ID: C-1590-01BY0S	
City State Zip Code Syracuse NY 13219	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NONE Occupation RETIRED	Election Cycle-to-Date ▼ 1850.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<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 41 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Phillip J. Tierney</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address <b>2444 Winding Way</b>		<b>Transaction ID: C-1688-05bB01</b>	
City <b>Skaneateles</b>	State <b>NY</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>13152</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>TOWN OF SKANEATELES</b>	Occupation <b>SUPERVISOR</b>		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Matthew J. Trant</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address <b>6305 Haviland Drive</b>		<b>Transaction ID: C-1698-057503</b>	
City <b>Bethesda</b>	State <b>MD</b>	Amount of Each Receipt this Period 1000.00	
Zip Code <b>20817</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>THE NATIONAL GROUP, LLP</b>	Occupation <b>PARTNER</b>		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Charlotte L. Tsoucalas</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address <b>4000 Fort Worth Avenue</b>		<b>Transaction ID: C-1706-05a101</b>	
City <b>Alexandria</b>	State <b>VA</b>	Amount of Each Receipt this Period 500.00	
Zip Code <b>22304</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DEFENSE HEALTH ADVISORS</b>	Occupation <b>GOVERNMENT RELATIONS REPRESENTATIVE</b>		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<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 42 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Vincent Versage</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 211 Duke Street		<b>Transaction ID: C-1749-036S0D</b>	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation THE NATIONAL GROUP, LLP PARTNER	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. John Vivencio</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 3217 Far Reach Drive		<b>Transaction ID: C-1755-01L40K</b>	
City State Zip Code Baldwinsville NY 13027	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Pontiac Nursing Home Administrator	Election Cycle-to-Date 1050.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Andrew Von Deak</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 60 Timberland Drive		<b>Transaction ID: C-1758-01L50F</b>	
City State Zip Code Jamesville NY 13078	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation The Pyramid Companies Partner	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2650.00
<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 43 / 72
	<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)  
**WALSH FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Candace Von Deak</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 60 Timberland Dr.		Transaction ID: C-1760-02UI0D	
City State Zip Code Jamesville NY 13078	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation N/A Homemaker	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B. Robert Waters</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6	
Mailing Address 2822 East Lake Road		Transaction ID: C-1786-014d1U	
City State Zip Code Skaneateles NY 13152	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation SELF-EMPLOYED LIFE INSURANCE AGENT	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Wedgeworth</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6	
Mailing Address 2626 N. Lakeview Ave. Apt 3603		Transaction ID: C-1791-05Ni03	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation PROLITERACY WORLDWIDE CEO / PRESIDENT	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Stephen M. Weiner</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006
Mailing Address P. O. Box 351		Transaction ID: C-1793-05aJ01
City State Zip Code Walpole MA 02081	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MINTZ, LEVIN, COHN, FERRIS, GLOVSKY &	Occupation ATTORNEY	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Dennis Weller</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006
Mailing Address 4628 Bloomsbury Drive		Transaction ID: C-1799-001a0R
City State Zip Code Syracuse NY 13215	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Structural Associates	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen T. Wellinghoff</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 7718 Benbrook		Transaction ID: C-1802-05aY01
City State Zip Code San Antonio TX 78250	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SOUTHWEST RESEARCH INSTITUTE	Occupation INSTITUTE SCIENTIST	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<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 45 / 72
	<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)  
WALSH FOR CONGRESS COMMITTEE

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

Mailing Address 230 Ainsley Drive

City State Zip Code  
Syracuse NY 13210

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

Name of Employer Occupation  
Midstate Printing Corp. Salesman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2006

Transaction ID: C-1821-024r0H

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dean G. Williamson

Mailing Address 2106 Fort Hill Road

City State Zip Code  
Phelps NY 14532

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE PROFESSIONAL

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2006

Transaction ID: C-1823-05b201

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Susan R. Williamson

Mailing Address 8660 Greig Street

City State Zip Code  
Sodus Point NY 14555

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

Name of Employer Occupation  
SELF-EMPLOYED REAL ESTATE PROFESSIONAL

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

Transaction ID: C-1824-05aZ01

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Steven A. Wolfe

Mailing Address 2601 Rittenhouse Street N. W.

City Washington State DC Zip Code 20015

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

Name of Employer CARDINAL POINT PARTNERS Occupation GOVERNMENT RELATIONS REPRESENTATIVE

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  
 07 / 26 / 2006

Transaction ID: C-1844-05aK01

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joanne Zinsmeister

Mailing Address 201 3RD Street

City Liverpool State NY Zip Code 13088

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

Name of Employer N/A 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  
 08 / 16 / 2006

Transaction ID: C-1861-04FU03

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	38657.50

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 47 / 72
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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Citizens For Rhinehart		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 95 East Lake Road		Transaction ID: C-350-05b601
City State Zip Code Skaneateles NY 13152	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Friends Of Bob Oaks		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address P. O. Box 75		Transaction ID: C-627-05b701
City State Zip Code Lyons NY 14489	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Friends Of David Schantz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 887 Titus Avenue		Transaction ID: C-630-05En04
City State Zip Code Rochester NY 14617	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<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: <span style="float: right;">PAGE 48 / 72</span>	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**WALSH FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Wayne County Republican Comm

Mailing Address P. O. Box 200

City State Zip Code  
**Lyons NY 14489**

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  
**08 / 04 / 2006**

**Transaction ID: C-1788-05BV01**

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1450.00</b>



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 72	
	(check only one)			
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Key Bank of New York N.A.

Mailing Address P. O. Box 944

City State Zip Code  
Dayton OH 45401

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
22839.44

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	6

Transaction ID: C-955-039J19

Amount of Each Receipt this Period  
2174.43

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2174.43
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2174.43

# 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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. A. C. L. S.</b>		<b>Transaction ID: D5-04DY0b</b> Date of Disbursement 08 / 13 / 2006	
Mailing Address 108 Metropolitan Drive		Amount of Each Disbursement this Period 1232.81	
City Liverpool State NY Zip Code 13088	Purpose of Disbursement MAILING SERVICES	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Adnet Direct</b>		<b>Transaction ID: D11-05TM03</b> Date of Disbursement 07 / 30 / 2006	
Mailing Address 612 East Main Street		Amount of Each Disbursement this Period 239.00	
City Palmyra State NY Zip Code 14522	Purpose of Disbursement AD	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID: D41-03AR3D</b> Date of Disbursement 07 / 12 / 2006	
Mailing Address P. O. Box 2855		Amount of Each Disbursement this Period 2048.36	
City New York State NY Zip Code 10116	Purpose of Disbursement CHARGE CARD PYMT - TRAVEL	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3520.17</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)

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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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Regency New York</b>		<b>Transaction ID:</b> D1-05bK01 Date of Disbursement MM / DD / YYYY 07 / 12 / 2006
Mailing Address 540 Park Avenue		Amount of Each Disbursement this Period 1038.36
City New York State NY Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING	Candidate Name	<b>[MEMO ITEM]</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. U. S. Airways</b>		<b>Transaction ID:</b> D2-03Dn1C Date of Disbursement MM / DD / YYYY 07 / 12 / 2006
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 704.30
City Phoenix State AZ Zip Code 85034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AIRFARE - SYR/WASH	Candidate Name	<b>[MEMO ITEM]</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> D42-03AR3E Date of Disbursement MM / DD / YYYY 08 / 11 / 2006
Mailing Address P. O. Box 2855		Amount of Each Disbursement this Period 1734.58
City New York State NY Zip Code 10116	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHARGE CARD PYMT TRAVEL F	Candidate Name	<b>[MEMO ITEM]</b> Credit Card Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1734.58
<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steak</b>		Transaction ID: D1-05bR01 Date of Disbursement 07 / 26 / 2006	
Mailing Address 101 Constitution Ave. NW		Amount of Each Disbursement this Period 594.00	
City Washington State DC Zip Code 20001	Purpose of Disbursement FOOD & BEVERAGE	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Credit Card Item	

Full Name (Last, First, Middle Initial) <b>B. Hotel George</b>		Transaction ID: D2-05bQ01 Date of Disbursement 07 / 20 / 2006	
Mailing Address 15 E. Street NW		Amount of Each Disbursement this Period 926.60	
City Washington State DC Zip Code 20001	Purpose of Disbursement LODGING	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Credit Card Item	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Transaction ID: D67-03G52r Date of Disbursement 07 / 09 / 2006	
Mailing Address PO Box 78225		Amount of Each Disbursement this Period 297.22	
City Phoenix State AZ Zip Code 85062	Purpose of Disbursement TELEPHONE SERVICE	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	297.22
<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)  
WALSH FOR CONGRESS COMMITTEE

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 78225 City Phoenix State AZ Zip Code 85062 Purpose of Disbursement TELEPHONE SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D68-03G52s</b> Date of Disbursement 07 / 30 / 2006 Amount of Each Disbursement this Period 222.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B. Capitol Hill Club</b> Full Name (Last, First, Middle Initial) Mailing Address 300 First St. SE City Washington State DC Zip Code 20003 Purpose of Disbursement FOOD BEVERAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D127-03BE0q</b> Date of Disbursement 07 / 30 / 2006 Amount of Each Disbursement this Period 98.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C. Cingular Wireless</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 6995 City Syracuse State NY Zip Code 13217 Purpose of Disbursement TELEPHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D178-03fE2L</b> Date of Disbursement 07 / 19 / 2006 Amount of Each Disbursement this Period 71.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**392.97**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: D179-03fE2M Date of Disbursement 08 / 13 / 2006
Mailing Address P.O. Box 6995		Amount of Each Disbursement this Period 79.90
City Syracuse State NY Zip Code 13217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE SERVICE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Cookfair Media Inc.</b>		Transaction ID: D195-03Ek1F Date of Disbursement 07 / 19 / 2006
Mailing Address 536 Buckingham Avenue		Amount of Each Disbursement this Period 15000.32
City Syracuse State NY Zip Code 13210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD PRODUCTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Cookfair Media Inc.</b>		Transaction ID: D196-03Ek1G Date of Disbursement 07 / 30 / 2006
Mailing Address 536 Buckingham Avenue		Amount of Each Disbursement this Period 31524.00
City Syracuse State NY Zip Code 13210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RADIO ADS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	46604.22
<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)

<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Estate Of Sherman Saunders</b>		<b>Transaction ID: D235-03CP2B</b> Date of Disbursement 07 / 02 / 2006	
Mailing Address 375 W. Onondaga St.		Amount of Each Disbursement this Period 500.00	
City Syracuse State NY Zip Code 13202	Purpose of Disbursement OFFICE RENT	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Estate Of Sherman Saunders</b>		<b>Transaction ID: D236-03CP2C</b> Date of Disbursement 08 / 06 / 2006	
Mailing Address 375 W. Onondaga St.		Amount of Each Disbursement this Period 500.00	
City Syracuse State NY Zip Code 13202	Purpose of Disbursement OFFICE RENT	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Fast Signs</b>		<b>Transaction ID: D238-05bS01</b> Date of Disbursement 08 / 21 / 2006	
Mailing Address 3230 Erie Boulevard East		Amount of Each Disbursement this Period 280.43	
City Syracuse State NY Zip Code 13214	Purpose of Disbursement BANNER DEPOSIT	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1280.43</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)

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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)  
WALSH FOR CONGRESS COMMITTEE

<p><b>A.</b> Ikon Financial Services</p> <p>Full Name (Last, First, Middle Initial) Ikon Financial Services</p> <p>Mailing Address P. O. Box 9115</p> <p>City Macon State GA Zip Code 31208</p> <p>Purpose of Disbursement COPIER RENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D324-05Rx0Q</p> <p>Date of Disbursement 07 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 58.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Key Bank of New York N.A.</p> <p>Full Name (Last, First, Middle Initial) Key Bank of New York N.A.</p> <p>Mailing Address P. O. Box 944</p> <p>City Dayton State OH Zip Code 45401</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D368-039J3H</p> <p>Date of Disbursement 07 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 107.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Key Bank of New York N.A.</p> <p>Full Name (Last, First, Middle Initial) Key Bank of New York N.A.</p> <p>Mailing Address P. O. Box 944</p> <p>City Dayton State OH Zip Code 45401</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> D369-039J3I</p> <p>Date of Disbursement 07 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 178.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

345.14

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Key Bank of New York N.A.</b>		<b>Transaction ID: D370-039J3J</b> Date of Disbursement 07 / 31 / 2006	
Mailing Address P. O. Box 944		Amount of Each Disbursement this Period 93.25	
City Dayton State OH Zip Code 45401	Purpose of Disbursement CREDIT CARD FEES	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Liverpool Litho Inc.</b>		<b>Transaction ID: D388-03B80C</b> Date of Disbursement 07 / 30 / 2006	
Mailing Address 400 Old Liverpool Rd.		Amount of Each Disbursement this Period 825.33	
City Liverpool State NY Zip Code 13088	Purpose of Disbursement INVITATIONS	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Liverpool Litho Inc.</b>		<b>Transaction ID: D389-03B80D</b> Date of Disbursement 08 / 13 / 2006	
Mailing Address 400 Old Liverpool Rd.		Amount of Each Disbursement this Period 1628.05	
City Liverpool State NY Zip Code 13088	Purpose of Disbursement INVITATIONS, POSTCARDS	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2546.63</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)

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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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Max Of Eastman Place</b>		<b>Transaction ID:</b> D398-05RW03 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address 25 Gibbs Street		Amount of Each Disbursement this Period 1479.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rochester State NY Zip Code 14604	Purpose of Disbursement RECEPTION FOOD/BEVERAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. McAllister &amp; Quinn L. L. C. P. A. C.</b>		<b>Transaction ID:</b> D399-05at01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1133 Connecticut Avenue NW Ste 725		Amount of Each Disbursement this Period 243.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036	Purpose of Disbursement * In-Kind->FUND-RAISING SUPPORT/MAIL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mindshare L. L. C.</b>		<b>Transaction ID:</b> D401-05bO01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 1857 West Fayette Street		Amount of Each Disbursement this Period 16000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13204	Purpose of Disbursement E-MAIL SERVICES - BROADCA Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17722.41
<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)

<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Edward J. Moran</b>		<b>Transaction ID: D414-03Bu0p</b> Date of Disbursement 07 / 13 / 2006
Mailing Address 306 Winkworth Pkwy		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 Syracuse State NY Zip Code 13215		
Purpose of Disbursement ACCOUNTING SERVICES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. N. Y. S. Employment Taxes</b>		<b>Transaction ID: D426-039M0a</b> Date of Disbursement 07 / 21 / 2006
Mailing Address P. O. Box 1589		Amount of Each Disbursement this Period 378.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12249		
Purpose of Disbursement PAYROLL TAXES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Parties Picnics &amp; Promotions Llc</b>		<b>Transaction ID: D484-05C004</b> Date of Disbursement 07 / 30 / 2006
Mailing Address 8495 Caughtdenoy Road		Amount of Each Disbursement this Period 473.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clay State NY Zip Code 13041		
Purpose of Disbursement PICNIC EQUIP RENTAL Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1101.81</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)

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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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Parties Picnics &amp; Promotions Llc</b>		<b>Transaction ID:</b> D485-05C005
Mailing Address 8495 Caughdenoy Road		Date of Disbursement 08 / 13 / 2006
City Clay	State NY	Zip Code 13041
Purpose of Disbursement PICNIC EQUIPMENT, SUPPLIE		Amount of Each Disbursement this Period 342.52
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Gregory Proseus</b>		<b>Transaction ID:</b> D507-05ZZ07
Mailing Address 2103 South Geddes Street #3		Date of Disbursement 07 / 19 / 2006
City Syracuse	State NY	Zip Code 13207
Purpose of Disbursement REIMBURSE TRAVEL, SUPPLIE		Amount of Each Disbursement this Period 829.43
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Gregory Proseus</b>		<b>Transaction ID:</b> D508-05ZZ08
Mailing Address 2103 South Geddes Street #3		Date of Disbursement 07 / 30 / 2006
City Syracuse	State NY	Zip Code 13207
Purpose of Disbursement NET SALARY		Amount of Each Disbursement this Period 1824.50
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2996.45</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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Gregory Proseus</b>		<b>Transaction ID: D509-05ZZ09</b> Date of Disbursement 08 / 13 / 2006	
Mailing Address 2103 South Geddes Street #3		Amount of Each Disbursement this Period 152.63	
City Syracuse State NY Zip Code 13207	Purpose of Disbursement REIMBURSE TRAVEL	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. St. Paul Travelers</b>		<b>Transaction ID: D543-057J08</b> Date of Disbursement 07 / 31 / 2006	
Mailing Address C/O Banach & Toomey Inc. 1239 West Genesee Street		Amount of Each Disbursement this Period 1248.31	
City Syracuse State NY Zip Code 13204	Purpose of Disbursement INSURANCE PREMIUMS	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Mr. Jeff Stonecash</b>		<b>Transaction ID: D547-03C00X</b> Date of Disbursement 07 / 30 / 2006	
Mailing Address 118 Concord Place		Amount of Each Disbursement this Period 4600.00	
City Syracuse State NY Zip Code 13210	Purpose of Disbursement POLLING SERVICES	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.94
<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Syracuse Gift Basket Company</b>		<b>Transaction ID:</b> D552-04v204 Date of Disbursement 07 / 02 / 2006
Mailing Address 222 Teall Ave.		Amount of Each Disbursement this Period 157.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13210	Category/ Type	
Purpose of Disbursement FLORAL ARRANGEMENTS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		<b>Transaction ID:</b> D591-04uZ1M Date of Disbursement 07 / 17 / 2006
Mailing Address 5015 Campuswood Drive		Amount of Each Disbursement this Period 79.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Syracuse State NY Zip Code 13057	Category/ Type	
Purpose of Disbursement COMPUTER SERVICE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Time Warner Cable</b>		<b>Transaction ID:</b> D592-04uZ1N Date of Disbursement 08 / 06 / 2006
Mailing Address 5015 Campuswood Drive		Amount of Each Disbursement this Period 79.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Syracuse State NY Zip Code 13057	Category/ Type	
Purpose of Disbursement COMPUTER SERVICES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>317.04</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)

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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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. U. A. W. Local 624 C. A. P. Committee</b>		<b>Transaction ID: D605-05RS03</b> Date of Disbursement 07 / 19 / 2006	
Mailing Address 714 West Manlius Street		Amount of Each Disbursement this Period 250.00	
City East Syracuse State NY Zip Code 13057	Purpose of Disbursement AD	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uncle Bobs Self Storage</b>		<b>Transaction ID: D638-05H90i</b> Date of Disbursement 07 / 19 / 2006	
Mailing Address 430 Spencer Street		Amount of Each Disbursement this Period 62.00	
City Syracuse State NY Zip Code 13204	Purpose of Disbursement STORAGE SPACE RENT	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. United States Treasury</b>		<b>Transaction ID: D656-04uY0M</b> Date of Disbursement 07 / 21 / 2006	
Mailing Address P. O. Box 371493		Amount of Each Disbursement this Period 2088.75	
City Pittsburg State PA Zip Code 15250	Purpose of Disbursement PAYROLL TAXES	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2400.75
<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon - Service Bill</b>		<b>Transaction ID:</b> D684-04jm1j <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address Post Office Box #1970		Amount of Each Disbursement this Period 182.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12201		
Purpose of Disbursement TELEPHONE SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon - Service Bill</b>		<b>Transaction ID:</b> D685-04jm1k <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address Post Office Box #1970		Amount of Each Disbursement this Period 178.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12201		
Purpose of Disbursement TELEPHONE SERVICE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mr. Martin Voss</b>		<b>Transaction ID:</b> D703-04jf0j <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 410 Mallard Drive		Amount of Each Disbursement this Period 51.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Camillus State NY Zip Code 13031		
Purpose of Disbursement TRAVEL REIMB./VOL. FOOD/B Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	412.46
<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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Mr. Martin Voss</b>		<b>Transaction ID: D704-04jf0k</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6	
Mailing Address 410 Mallard Drive		Amount of Each Disbursement this Period 650.48	
City Camillus State NY Zip Code 13031	Purpose of Disbursement NET SALARY 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 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mr. Martin Voss</b>		<b>Transaction ID: D705-04jf0l</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 6	
Mailing Address 410 Mallard Drive		Amount of Each Disbursement this Period 89.07	
City Camillus State NY Zip Code 13031	Purpose of Disbursement REIMBURSE TRAVEL 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 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			

Full Name (Last, First, Middle Initial) <b>C. Wainwright Photo &amp; Camera Shop</b>		<b>Transaction ID: D709-04eG0a</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6	
Mailing Address P. O. Box 586		Amount of Each Disbursement this Period 400.00	
City Syracuse State NY Zip Code 13209	Purpose of Disbursement PHOTO SERVICES 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 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1139.55</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)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Wainwright Photo &amp; Camera Shop</b>		<b>Transaction ID: D710-04eG0b</b> Date of Disbursement 07 / 19 / 2006	
Mailing Address P. O. Box 586		Amount of Each Disbursement this Period 32.00	
City Syracuse State NY Zip Code 13209	Purpose of Disbursement PHOTO SERVICES - SALES TA	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. James T. Walsh</b>		<b>Transaction ID: D717-039i0n</b> Date of Disbursement 08 / 13 / 2006	
Mailing Address 400 Broadview Dr.		Amount of Each Disbursement this Period 120.00	
City Syracuse State NY Zip Code 13215	Purpose of Disbursement REIMBURSE EVENT FOOD / BE	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Wayne County Republican Comm</b>		<b>Transaction ID: D720-05BV04</b> Date of Disbursement 08 / 13 / 2006	
Mailing Address P. O. Box 200		Amount of Each Disbursement this Period 400.00	
City Lyons State NY Zip Code 14489	Purpose of Disbursement TRANSFER EXCESS FUNDS	<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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>552.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>89364.77</b>

# 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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. American Heart Association</b>		<b>Transaction ID:</b> D43-03Fn02 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address P. O. Box 3049		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
City Syracuse State NY Zip Code 13220	Purpose of Disbursement DONATION - LUNCHEON TABLE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Ancient Order Of Hibernians</b>		<b>Transaction ID:</b> D46-04Jc04 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 11605		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13218	Purpose of Disbursement DONATION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Bishop Ludden Golf Tournament</b>		<b>Transaction ID:</b> D73-05bM01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6
Mailing Address 815 Fay Road		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13219	Purpose of Disbursement DONATION - SPONSOR Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1140.00
<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)

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

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Republican Club Cayuga County Womens</b>		<b>Transaction ID:</b> D142-04v50A Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 6
Mailing Address P. O. Box 1116		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Auburn State NY Zip Code 13021		
Purpose of Disbursement DONATION WILLARD CHAPEL	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Christopher Shays For Congress Comm</b>		<b>Transaction ID:</b> D157-04aB01 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 98 East Avenue		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
City Norwalk State CT Zip Code 06851		
Purpose of Disbursement POLITICAL DONATION - PRIM	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Ryan McMahon</b>		<b>Transaction ID:</b> D260-05KK05 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address 213 Carlton Road		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13207		
Purpose of Disbursement POLITICAL DONATION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<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)

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

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Guardian Angel Society</b>		<b>Transaction ID:</b> D286-05Un04 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address 259 East Onondaga Street		Amount of Each Disbursement this Period 100.00
City Syracuse State NY Zip Code 13202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONATION - SPONSOR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Multiple Sclerosis Resources Of Cny Inc.</b>		<b>Transaction ID:</b> D418-05bl01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 237 6743 Kinne Street		Amount of Each Disbursement this Period 100.00
City East Syracuse State NY Zip Code 13057	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DONATION - SPONSOR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New York State Republican Cmte</b>		<b>Transaction ID:</b> D452-03Cu08 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address 315 State St.		Amount of Each Disbursement this Period 1000.00
City Albany State NY Zip Code 12210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRANSFER EXCESS FUNDS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<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 70 / 72

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

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NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Onondaga County Republican Comm</b>		<b>Transaction ID:</b> D473-04eM0Y <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address 375 W. Onondaga St.		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13202		
Purpose of Disbursement TRANSFER EXCESS FUNDS	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Town Of Galen Republican Comm</b>		<b>Transaction ID:</b> D595-05bP01 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 3 0 / 2 0 0 6
Mailing Address P. O. Box 186		Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clyde State NY Zip Code 14433		
Purpose of Disbursement TRANSFER EXCESS FUNDS	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Vanburen Women's Republican Club</b>		<b>Transaction ID:</b> D657-04Jd04 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 6
Mailing Address C/O Janet F. Johnson 7631 Kingdom Road		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baldwinsville State NY Zip Code 13027		
Purpose of Disbursement DONATION	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8800.00

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Wainwright Photo	Nature of Debt (Purpose): Photo Services
Mailing Address P.O. Box 586	
City State ZIP Code Syracuse NY 13209	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: 6</b>	
Amount Incurred This Period 691.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 691.20

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Liverpool Litho, Inc.	Nature of Debt (Purpose): Invitations
Mailing Address 400 Old Liverpool Road	
City State ZIP Code Liverpool NY 13088	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: 7</b>	
Amount Incurred This Period 825.33	Payment This Period 0.00	Outstanding Balance at Close of This Period 825.33

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Cookfair Media, Inc.	Nature of Debt (Purpose): TV ad production
Mailing Address 536 Buckingham Avenue	
City State ZIP Code Syracuse NY 13210	

Outstanding Balance Beginning This Period 15000.32	<b>Transaction ID: 8</b>	
Amount Incurred This Period 0.00	Payment This Period 15000.32	Outstanding Balance at Close of This Period 0.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>1516.53</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
WALSH FOR CONGRESS COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Max of Eastman Place	Nature of Debt (Purpose): Luncheon costs
Mailing Address 25 Gibbs Street	
City State ZIP Code Rochester NY 14604	

Outstanding Balance Beginning This Period 1479.41	<b>Transaction ID: 9</b>	
Amount Incurred This Period 0.00	Payment This Period 1479.41	Outstanding Balance at Close of This Period 0.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express	Nature of Debt (Purpose): Charge Card payments - travel
Mailing Address P.O. Box 360001	
City State ZIP Code Fort Lauderdale FL 33336	

Outstanding Balance Beginning This Period 2048.36	<b>Transaction ID: 10</b>	
Amount Incurred This Period 0.00	Payment This Period 2048.36	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	0.00
2) <b>TOTALS</b> This Period (last page this line number only).....	1516.53
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	