

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
Friends of Sherwood Boehlert

ADDRESS (number and street) Post Office Box 819
 Check if different than previously reported. (ACC)
New Hartford NY 13413

2. **FEC IDENTIFICATION NUMBER** C00157529
CITY **STATE** **ZIP CODE**
NEW OR AMENDED (A) NY 24

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2005 through 06 30 2005

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 Thomas C. Graziano

Signature of Treasurer Electronically Filed by Thomas C. Graziano Date 03 22 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

Friends of Sherwood Boehlert

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	77350.28	272619.28
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	77350.28	270619.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	48082.80	157132.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48082.80	157132.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	196358.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Sherwood Boehlert

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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).....

35715.28

146375.28

(ii) Unitemized.....

195.00

2044.00

(iii) TOTAL of contributions

35910.28

148419.28

from individuals..... ▶

440.00

2440.00

(b) Political Party Committees.....

41000.00

121760.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

77350.28

272619.28

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

0.00

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

0.00

5508.89

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

77350.28

278128.17

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48082.80	157132.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2000.00
21. OTHER DISBURSEMENTS.....	2064.00	4649.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50146.80	163781.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	169154.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	77350.28
25. SUBTOTAL (add Line 23 and Line 24).....	246504.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50146.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	196358.13

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate Congressman Sherwood Boehlert		Candidate ID Number H2NY25017
Name of Principal Campaign Committee Friends of Sherwood Boehlert		Committee ID Number C C00157529
Committee Address Post Office Box 819		
City New Hartford	State NY	ZIP 13413-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	273028.17	5100.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	273028.17	5100.00

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 6 / 93
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
AFGE PAC (Am. Fed. of Gov. Emps. AFL-CIO)

Mailing Address 80 F Street, N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 5

Transaction ID: 50621.C14742

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Air Line Pilots Association (ALPA-PAC)

Mailing Address 1625 Massachusetts Avenue

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 2500.00

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

Transaction ID: 50407.C14666

Amount of Each Receipt this Period
 2500.00

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

C. Full Name (Last, First, Middle Initial)
Am.Mar. Officers Ret. Assn. Vol. PAC

Mailing Address 650 Fourth Avenue

City Brooklyn State NY Zip Code 11232

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

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

Transaction ID: 50621.C14751

Amount of Each Receipt this Period
 1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Amer. Soc. of Trav. Agts., Inc. ASTAPAC

Mailing Address 1101 King Street, Suite 200

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
04 / 13 / 2005

Transaction ID: 50621.C14671

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Federation of State, County

Mailing Address and Municipal Employees AFL-CIO PA
1625 L Street, NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
AFSCME PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
06 / 30 / 2005

Transaction ID: 50705.C14762

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
ARCHIPAC The Am. Inst. of Architects PAC

Mailing Address 1735 New York Avenue, N.W.

City State Zip Code
Washington DC 20006-5292

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
04 / 06 / 2005

Transaction ID: 50407.C14654

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Bldg. & Constr. Trades Dept., Fed. PEF

Mailing Address 815 Sixteenth Street, N.W., Suite

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2005

Transaction ID: 50705.C14761

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Boilermakers-Blacksmiths Leg.Ed.Act.Prog

Mailing Address 2722 Merrilee Drive, Suite 360

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2005

Transaction ID: 50621.C14740

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Carpenters Legis. Improv. Cmte. (CLIC)

Mailing Address 101 Constitution Avenue, N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2005

Transaction ID: 50407.C14651

Amount of Each Receipt this Period
5000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial) Committee on Letter Carriers Pol. Ed.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address National Assn. of Letter Carriers 100 Indiana Avenue, N.W.		Transaction ID: 50621.C14703
City State Zip Code Washington DC 20001-2144	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer National Assn. of Letter Carri	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	Election Cycle-to-Date ▼ 2000.00	

B. Full Name (Last, First, Middle Initial) Committee on Letter Carriers Pol. Ed.		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address National Assn. of Letter Carriers 100 Indiana Avenue, N.W.		Transaction ID: 50621.C14715
City State Zip Code Washington DC 20001-2144	Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer National Assn. of Letter Carri	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	Election Cycle-to-Date ▼ 5000.00	

C. Full Name (Last, First, Middle Initial) Corning Inc. Employees. PAC (COREPAC)		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 1350 I Street NW, Suite 500		Transaction ID: 50621.C14714
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cummins Inc. Political Action Committee		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 601 Pennsylvania Avenue, N.W. North Building, Suite 625		Transaction ID: 50621.C14711
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Employees of Northrup Grumman PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address 520 S. Grand Avenue, Suite 700		Transaction ID: 50621.C14687
City Los Angeles State CA Zip Code 90071	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Engineers Pol. Education Com.PAC (EPEC)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 1125 Seventeenth Street, NW		Transaction ID: 50705.C14760
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 93
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. InsurPAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 5	
Mailing Address 412 First Street, SE, #300		Transaction ID: 50407.C14652	
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006			

Full Name (Last, First, Middle Initial) B. ITT Industries, PAC (IINPAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 5	
Mailing Address 4 West Red Oak Lane		Transaction ID: 50621.C14681	
City White Plains	State NY	Zip Code 10604	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006			

Full Name (Last, First, Middle Initial) C. IUPAT PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 5	
Mailing Address 1750 New York Avenue NW		Transaction ID: 50621.C14749	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006			

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Laborers Political League PAC

Mailing Address 905 16th Street, N.W.

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 5

Transaction ID: 50621.C14743

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
MEBA PAF PAC

Mailing Address Marine Engineers Beneficial Assn.
444 N. Capitol Street, NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 50621.C14750

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
MET LIFE, INC.

Mailing Address 27-01 Queens Plaza North, Area 4D

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14712

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 93
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Nat. School Trans. Assn. (NSTA PAC)

Mailing Address 625 Slaters Lane, Suite 205

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	5

Transaction ID: 50621.C14735

Amount of Each Receipt this Period

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

B. Full Name (Last, First, Middle Initial)
New York Life PAC (NYL PACE)

Mailing Address 51 Madison Avenue

City	State	Zip Code
New York	NY	10010

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	5

Transaction ID: 50621.C14686

Amount of Each Receipt this Period

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

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

Mailing Address 3333 Beverly Road

City	State	Zip Code
Sears Roebuck And	IL	60179

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

Name of Employer	Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	5

Transaction ID: 50407.C14649

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 93
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
SEIU Cope Fund PAC

Mailing Address 1313 L. Street, N.W.

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 50621.C14746

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
The Goldman Sachs Group, Inc. PAC

Mailing Address 1101 Pennsylvania Ave. NW

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
Goldman Sachs PAC

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	5

Transaction ID: 50621.C14713

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Transport Workers Union Pol. Cont. Cmte.

Mailing Address 1700 Broadway, 2nd Floor

City State Zip Code
New York NY 10019-5905

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	5

Transaction ID: 50628.C14756

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 93
	(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

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)
Friends of Sherwood Boehlert

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

Mailing Address 430 First Street, S.E.

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
American Trucking PAC

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50407.C14653

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	4100.00

**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 16 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 821 Holley Road

City Elmira State NY Zip Code 14905

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

Name of Employer Self-Employed Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

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

Transaction ID: 50407.C14663

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 113 Front Street

City Owego State NY Zip Code 13827

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

Name of Employer Tioga State Bank Occupation Investment Services Manager

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14679

Amount of Each Receipt this Period
 500.00

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

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

Mailing Address 113 Front Street

City Owego State NY Zip Code 13827

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

Name of Employer Tioga State Bank Occupation Investment Services Manager

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14723

Amount of Each Receipt this Period
 20.00

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

SUBTOTAL of Receipts This Page (optional) **820.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 401 Prospect Street

City State Zip Code
Herkimer NY 13350

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

Name of Employer Self-Employed Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2005

Transaction ID: 50621.C14676

Amount of Each Receipt this Period
500.00

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

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

Mailing Address P.O. Box 819

City State Zip Code
New Hartford NY 13413

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

Name of Employer Anonymous Occupation
Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
1480.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2005

Transaction ID: 50621.C14720

Amount of Each Receipt this Period
1460.00

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

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

Mailing Address P. O. Box 151, 601 N. Main Street

City State Zip Code
Spencer NY 14883

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

Name of Employer Spencer-Van Etten Cen. Schools Occupation
School Superintendant

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2005

Transaction ID: 50621.C14700

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **2260.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 1856 State Highway 12

City Coventry State NY Zip Code 13778

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14683

Amount of Each Receipt this Period
 400.00

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

B. Full Name (Last, First, Middle Initial)
George W. Beck

Mailing Address 502 Cardinal Drive

City Mount Vernon State IL Zip Code 62864

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

Name of Employer Beck Bus Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14730

Amount of Each Receipt this Period
 500.00

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

C. Full Name (Last, First, Middle Initial)
Margaret E. Beck

Mailing Address 18 Fairway Estates

City New Hartford State NY Zip Code 13413

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

Name of Employer Utica School District Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 5

Transaction ID: 50621.C14739

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) **1400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 111 Bettiol Lane

City Oneonta State NY Zip Code 13820

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

Name of Employer Bettiol Fuel Service Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

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

Transaction ID: 50621.C14695

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1 Camden Way

City New Hartford State NY Zip Code 13413

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 5

Transaction ID: 50407.C14670

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 16 Main St.

City Cooperstown State NY Zip Code 13326

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

Name of Employer C.E. Unterberg, Towbin Interna Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

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

Transaction ID: 50621.C14688

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	2300.00
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 20 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 3306 Shirley Lane

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Polyisocyanurate Insulation Ma
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2005

Transaction ID: 50621.C14694

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Calli & Calli Law Offices

Mailing Address 510 Bleeker Street

City State Zip Code
Utica NY 13501

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

Name of Employer
Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2005

Transaction ID: 50407.C14657

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 510 Bleeker Street

City State Zip Code
Utica NY 13501

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

Name of Employer Calli, Kowalczyk, Tolles Deery
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2005

Transaction ID: 50407.C14658

Amount of Each Receipt this Period
1000.00

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

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: (check only one)	PAGE 21 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 3711 Maplehurst Drive

City State Zip Code
Endwell NY 13760

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

Name of Employer Information Requested Occupation
Retired

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

320.00

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

Transaction ID: 50621.C14704

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
Kevin J. Clifford

Mailing Address 7 Harmony Road

City State Zip Code
Huntington NY 11743

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

Name of Employer Occupation
Huntington Coach President

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14728

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3405 Martin Road

City State Zip Code
Clinton NY 13323

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) ▼
Primary - 2006

300.00

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

Transaction ID: 50621.C14699

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **820.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 93
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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)
Friends of Sherwood Boehlert

<p>A. Full Name (Last, First, Middle Initial) William Cooke</p> <p>Mailing Address Post Office Box 122</p> <p>City State Zip Code Esperance NY 12066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation National Audubon Society Director</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 26 / 2005</p> <p>Transaction ID: 50621.C14709</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) William Cooke</p> <p>Mailing Address Post Office Box 122</p> <p>City State Zip Code Esperance NY 12066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation National Audubon Society Director</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 26 / 2005</p> <p>Transaction ID: 50621.C14710</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Michelle R. Corasanti</p> <p>Mailing Address 101 Winship Road</p> <p>City State Zip Code New Hartford NY 13413</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Information Requested Information Requested</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 04 / 26 / 2005</p> <p>Transaction ID: 50621.C14697</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
John D. Corr, Jr.
Mailing Address 230 Red Schoolhouse Road
City State Zip Code
Spring Valley NY 10977
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5
Transaction ID: 50621.C14729
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Shaw J. Dallal
Mailing Address 28 Jordan Road
City State Zip Code
New Hartford NY 13413
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006
Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 5
Transaction ID: 50407.C14661
Amount of Each Receipt this Period
350.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael Damsky
Mailing Address 2 Jordan Road
City State Zip Code
New Hartford NY 13413
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Information Requested
Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006
Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 5
Transaction ID: 50407.C14662
Amount of Each Receipt this Period
300.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1150.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 208 Gilbert Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
De Angelo Agency, Inc. Occupation
self-employed

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 13 / 2005

Transaction ID: 50621.C14678

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 285 West Street

City State Zip Code
Oneonta NY 13820

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

Name of Employer
State University of NY On- eonta Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 09 / 2005

Transaction ID: 50621.C14747

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 1010 N. George Street

City State Zip Code
Rome NY 13440

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

Name of Employer
Ilt Research Institute Occupation
Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 07 / 2005

Transaction ID: 50407.C14668

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1020.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Timothy E. Flood

Mailing Address 12 Trails Pointe Drive

City State Zip Code
Campbell Hall NY 10916

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

Name of Employer Occupation
The TransGroup Vice President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
05 / 03 / 2005

Transaction ID: 50621.C14733

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 3823 Mohawk Street

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Fiber Instrument Sales President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
06 / 23 / 2005

Transaction ID: 50628.C14754

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 110 Proctor Boulevard

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Lockwood & Golden Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: 50705.C14759

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 26 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address P.O. Box 459

City State Zip Code
Utica NY 13503-0459

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

Name of Employer
East Gate Enterprises, Inc.

Occupation
Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 50621.C14696

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 1171 Ledyard Road

City State Zip Code
King Ferry NY 13081

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

Name of Employer
King Ferry Antiques

Occupation
self-employed

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14717

Amount of Each Receipt this Period
500.00

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

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

Mailing Address P.O. Box 36

City State Zip Code
New York Mills NY 13417

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

Name of Employer
O. W. Hubbell and Sons

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: 50407.C14650

Amount of Each Receipt this Period
2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 18 Eagle Ridge Drive

City State Zip Code
New Hartford NY 13413-2259

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

Name of Employer Occupation
United Technologies Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14674

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Richard C. Insinga

Mailing Address 13 Tilton Avenue

City State Zip Code
Oneonta NY 13820

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

Name of Employer Occupation
State University of NY On- eonta Associate Professor

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14673

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1 Thistle Court

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Adirondack Bank President/CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50621.C14689

Amount of Each Receipt this Period
500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address Keelen Communications, P.O. Box 27

City Arlington State VA Zip Code 22202

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 785.28

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

Transaction ID: 50628.C14752

Amount of Each Receipt this Period
 785.28

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

In-Kind Contribution

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

Mailing Address 3 Sandalwood Drive

City Clifton Park State NY Zip Code 12065

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

Name of Employer New York State Senate Occupation Legislative Aide

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14682

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 10000 Valley Creek Lane

City Vienna State VA Zip Code 22182

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

Name of Employer The Natural Gas Vehicle Coalit Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14734

Amount of Each Receipt this Period
 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1585.28**

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 29 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 7875 State Route 5

City State Zip Code
Clinton NY 13323

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

Name of Employer Occupation
Kowalczyk Funeral Home Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14718

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Dale N. Krapf

Mailing Address 220 Hunting Hill Lane

City State Zip Code
West Chester PA 19382

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

Name of Employer Occupation
Krapf Bus Companies President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14732

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 363 Cottonwood Lane

City State Zip Code
Auburn NY 13021

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

Name of Employer Occupation
Self-Employed Insurance Broker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14677

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 30 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Lincoln Insurance Company

Mailing Address 5920 Airport Road

City State Zip Code
Oriskany NY 13424

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2005

Transaction ID: 50621.C14741

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 5015 Clinton Road

City State Zip Code
Whitesboro NY 13492

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

Name of Employer Occupation
Lincoln Insurance Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2005

Transaction ID: 50705.C14758

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 14 Tilton Avenue

City State Zip Code
Oneonta NY 13820

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2005

Transaction ID: 50621.C14726

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) **400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address P.O. Box 542

City State Zip Code
Little Falls NY 13365

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

Name of Employer Occupation
Trucking self-employed

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2005

Transaction ID: 50621.C14707

Amount of Each Receipt this Period
300.00

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

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

Mailing Address March Assocs., 116 Business Park D

City State Zip Code
Utica NY 13502

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

Name of Employer Occupation
March Associates Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2005

Transaction ID: 50407.C14659

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 2 Crawford Lane

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Information Requested Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2005

Transaction ID: 50621.C14702

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 32 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address P. O. Box 130, 118 Whispering Stre

City State Zip Code
Fayetteville NY 13066

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

Name of Employer
Orthodontic Assocs. of Central

Occupation
Orthodontist

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
320.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2005

Transaction ID: 50621.C14738

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 1707 Sherman Drive

City State Zip Code
Utica NY 13501

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

Name of Employer
New Eye Care Center

Occupation
Ophthalmologist

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2005

Transaction ID: 50621.C14672

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 510 Higby Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Presbyterian Home

Occupation
Human Resources

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2005

Transaction ID: 50621.C14693

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	620.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 12044 State Route 12

City State Zip Code
Forestport NY 13338

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

Name of Employer Occupation
Nirvana Springs, Inc. Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14716

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 112 Paris Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
PAR Technology President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 5

Transaction ID: 50407.C14669

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 30 Chestnut Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
McQuade & Bannigan, Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50621.C14698

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. David Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5	
Mailing Address 813 Hencoop Road		Transaction ID: 50628.C14757	
City State Zip Code Skaneateles NY 13152		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Nucor Steel	Occupation General Manager		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Mason H. Somerville		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 5	
Mailing Address 6289 Mallory Road		Transaction ID: 50621.C14675	
City State Zip Code Utica NY 13502		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SUNY Tech Utica-Rome	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	Election Cycle-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Peter Spina		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5	
Mailing Address SUNY IT, P.O. Box 3050		Transaction ID: 50628.C14753	
City State Zip Code Utica NY 13504-3050		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SUNY Institute of Tech.	Occupation President		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 8300 Trenton Falls Road

City Barneveld State NY Zip Code 13304

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

Name of Employer retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
04 / 26 / 2005

Transaction ID: 50621.C14701

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
John H. Story

Mailing Address 233 Bleeker Street

City Utica State NY Zip Code 13501

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
04 / 26 / 2005

Transaction ID: 50621.C14691

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
John H. Story

Mailing Address 233 Bleeker Street

City Utica State NY Zip Code 13501

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 340.00

Date of Receipt
05 / 03 / 2005

Transaction ID: 50621.C14727

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) **640.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Anne Thayer		Date of Receipt MM / DD / YYYY 06 / 09 / 2005
Mailing Address 2014 Holly Street		Transaction ID: 50621.C14745
City Rome	State NY	Zip Code 13440-2218
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Department of Defense	Occupation Offsite Defense Contractor	Receipt <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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Terrence V. Thomas		Date of Receipt MM / DD / YYYY 06 / 09 / 2005
Mailing Address 813 Park Harbour Drive		Transaction ID: 50621.C14748
City Youngstown	State OH	Zip Code 44512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BKSH & Associates	Occupation Principal	Receipt <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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Esther F. Twentyman		Date of Receipt MM / DD / YYYY 04 / 13 / 2005
Mailing Address 4562 Albany Street		Transaction ID: 50621.C14684
City Homer	State NY	Zip Code 13077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Information Requested	Occupation Retired	Receipt <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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 300.00	

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: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Dwight Vicks III

Mailing Address 3770 Fountain Street

City State Zip Code
Clinton NY 13323

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

Name of Employer
Vicks Printing and Litographic
Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50407.C14664

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 42 Ironwood Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Information Requested
Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 5

Transaction ID: 50621.C14680

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 62 Paris Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Utica School of Commerce
Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50407.C14660

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 168 Grandview Drive

City Cobleskill State NY Zip Code 12043

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

Name of Employer Information Requested Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14719

Amount of Each Receipt this Period
 250.00

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

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

Mailing Address 168 Grandview Drive

City Cobleskill State NY Zip Code 12043

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

Name of Employer Information Requested Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 8 / 2 0 0 5

Transaction ID: 50621.C14736

Amount of Each Receipt this Period
 50.00

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

C. Full Name (Last, First, Middle Initial)
Beverly A. Wyckoff

Mailing Address 1147 W. Schubert

City Chicago State IL Zip Code 60614

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

Name of Employer Information Requested Occupation Vice Pres and General Counsel

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 5

Transaction ID: 50621.C14731

Amount of Each Receipt this Period
 500.00

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

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

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Martin Yenawine		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address Seven Isles 45386 Landon Road		Transaction ID: 50621.C14692
City State Zip Code Wellesley Island NY 13640	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Occupation Executive Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Richard Zogby		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address 20 Barley Mow Run		Transaction ID: 50621.C14708
City State Zip Code New Hartford NY 13413	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Occupation Dentist Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Carole Zyla		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 5
Mailing Address 1 Woodbourne Road		Transaction ID: 50621.C14690
City State Zip Code New Hartford NY 13413	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Occupation Antiques and Auction House Est Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	35715.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 93
	(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

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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Mr. Terry Pickard and Ms. Judy Plumley

Mailing Address P.O. Box 4768

City State Zip Code
Rome NY 13442-4768

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
06 / 09 / 2005

Transaction ID: 50621.C14744

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Seneca County Republican Committee

Mailing Address c/o A. D. Larson, 211 Ovid St.

City State Zip Code
Seneca Falls NY 13148

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
140.00

Date of Receipt
06 / 23 / 2005

Transaction ID: 50628.C14755

Amount of Each Receipt this Period
140.00

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

SUBTOTAL of Receipts This Page (optional)	440.00
TOTAL This Period (last page this line number only)	440.00

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

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

FOR LINE NUMBER:
(check only one)

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Adelphia		Transaction ID: 50621.E11720 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address Post Office Box 371449		Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Pittsburgh State PA Zip Code 15250-7406	Purpose of Disbursement : UTILITIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Adelphia		Transaction ID: 50621.E11802 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address Post Office Box 371449		Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Pittsburgh State PA Zip Code 15250-7406	Purpose of Disbursement : UTILITIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Adelphia		Transaction ID: 50628.E11841 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address Post Office Box 371449		Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Pittsburgh State PA Zip Code 15250-7406	Purpose of Disbursement : UTILITIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	367.56
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50621.E11741 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 553.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-1270	SEE BELOW: CREDIT CARD	
Purpose of Disbursement SEE BELOW: CREDIT CARD		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Greek Taverna		Transaction ID: 50621.E11743 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 1100 Pennsylvania Avenue, N.W.		Amount of Each Disbursement this Period 403.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20004-	[MEMO ITEM] MEMO: : RECEPTION MEALS	
Purpose of Disbursement : RECEPTION MEALS		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Utica College		Transaction ID: 50621.E11742 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 1600 Burrstone 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 Utica State NY Zip Code 13502-	[MEMO ITEM] MEMO: : TICKET EVENTS	
Purpose of Disbursement : TICKET EVENTS		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	553.70
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50621.E11776 Date of Disbursement 05 / 10 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 120.40
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD	Candidate Name	SEE BELOW: CREDIT CARD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50621.E11777 Date of Disbursement 05 / 10 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 35.00
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBERSHIP DUES	Candidate Name	[MEMO ITEM] MEMO: : MEMBERSHIP DUES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Members Dining Room		Transaction ID: 50621.E11778 Date of Disbursement 05 / 10 / 2005
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 39.50
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBER/CONSTITUENT MEALS	Candidate Name	[MEMO ITEM] MEMO: : MEMBER/CONSTITUENT MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	120.40
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 44 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Members Dining Room		Transaction ID: 50621.E11779 Date of Disbursement 05 / 10 / 2005
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 45.90
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBER/CONSTITUENT MEALS Candidate Name		[MEMO ITEM] MEMO: : MEMBER/CONSTITUENT MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50621.E11828 Date of Disbursement 06 / 14 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 1089.01
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD Candidate Name		SEE BELOW: CREDIT CARD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 50621.E11831 Date of Disbursement 06 / 14 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 35.00
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBERSHIP FEE Candidate Name		[MEMO ITEM] MEMO: : MEMBERSHIP FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1089.01
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Capital Grille of Washington		Transaction ID: 50621.E11830 Date of Disbursement 06 / 14 / 2005
Mailing Address 601 Pennsylvania Avenue		Amount of Each Disbursement this Period 224.51
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : FUNDRAISING MEALS Candidate Name	Category/Type	[MEMO ITEM] MEMO: : FUNDRAISING MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Harper Collins Publishing		Transaction ID: 50621.E11833 Date of Disbursement 06 / 14 / 2005
Mailing Address 1000 Keystone Industrial Park		Amount of Each Disbursement this Period -15.75
City Scranton State PA Zip Code 18512-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CREDIT FROM HARPER COLLIN Candidate Name	Category/Type	[MEMO ITEM] MEMO: : CREDIT FROM HARPER COLLIN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Harper Collins Publishing		Transaction ID: 50621.E11829 Date of Disbursement 06 / 14 / 2005
Mailing Address 1000 Keystone Industrial Park		Amount of Each Disbursement this Period 475.25
City Scranton State PA Zip Code 18512-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : RECEPTION ITEMS Candidate Name	Category/Type	[MEMO ITEM] MEMO: : RECEPTION ITEMS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 93

<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

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)
Friends of Sherwood Boehlert

A. US Postal Service

Full Name (Last, First, Middle Initial)
Mailing Address 3920 Oneida Street

City Washington Mills State NY Zip Code 13479-

Purpose of Disbursement : POSTAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50621.E11832
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: : POSTAGE

B. American Legion

Full Name (Last, First, Middle Initial)
Mailing Address Kenneth H. Nash Post No. 8
224 D. Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement FUNDRAISING HALL RENTAL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50407.E11686
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FUNDRAISING HALL RENTAL

C. Amsterdam Printing and Litho

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 701

City Amsterdam State NY Zip Code 12010-

Purpose of Disbursement POLITICAL RECEPTION ITEMS

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 50621.E11726
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POLITICAL RECEPTION ITEMS

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Nancy Bocskor		Transaction ID: 50621.E11799 Date of Disbursement 06 / 07 / 2005
Mailing Address 3323 N. Washington Boulevard		Amount of Each Disbursement this Period 2089.48
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING/CONSULTANT	Candidate Name	FUNDRAISING/CONSULTANT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Marianne Boehlert		Transaction ID: 50621.E11745 Date of Disbursement 04 / 28 / 2005
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 1885.00
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Marianne Boehlert		Transaction ID: 50621.E11792 Date of Disbursement 05 / 24 / 2005
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 1885.00
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5859.48
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Marianne Boehlert		Transaction ID: 50628.E11847 Date of Disbursement 06 / 28 / 2005
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 1885.00
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Category/ Type	SALARY
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Transaction ID: 50621.E11825 Date of Disbursement 06 / 14 / 2005
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 46.60
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : FUNDRAISING MEALS	Category/ Type	: FUNDRAISING MEALS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 50407.E11688 Date of Disbursement 04 / 05 / 2005
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 61.52
City Baltimore State MD Zip Code 21297-1496	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE	Category/ Type	: TELEPHONE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1993.12
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 50621.E11696 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 100.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1496		
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 50621.E11725 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 105.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1496		
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 50621.E11754 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 61.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1496		
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	267.22
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 50621.E11789 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 104.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1496	Purpose of Disbursement : TELEPHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: 50621.E11801 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 62.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1496	Purpose of Disbursement : TELEPHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 50628.E11837 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 99.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1496	Purpose of Disbursement : TELEPHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶	266.02
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 50628.E11842 Date of Disbursement 06 / 28 / 2005
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 61.96
City Baltimore	State MD Zip Code 21297-1496	
Purpose of Disbursement : TELEPHONE		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) B. Company II Limousine Service, Inc.		Transaction ID: 50621.E11752 Date of Disbursement 05 / 05 / 2005
Mailing Address 2911 Zulette Avenue		Amount of Each Disbursement this Period 2051.40
City Bronx	State NY Zip Code 10461-	
Purpose of Disbursement : POLITICAL RECEPTION SPEAKER EXPENSE		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL RECEPTION SPEAKER EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) C. Travis Glazier		Transaction ID: 50621.E11692 Date of Disbursement 04 / 12 / 2005
Mailing Address 504 E. Franklin St.		Amount of Each Disbursement this Period 36.48
City Fayetteville	State NY Zip Code 13066-	
Purpose of Disbursement : MILEAGE REIMBURSEMENT		<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: MILEAGE REIMBURSEMENT
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2149.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: 50621.E11717 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 660264		Amount of Each Disbursement this Period 214.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : WITHHOLDING TAXES
City Dallas State TX Zip Code 75266-		
Purpose of Disbursement : WITHHOLDING TAXES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alice M. Jou		Transaction ID: 50407.E11685 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES
City Clinton State NY Zip Code 13323-		
Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50621.E11697 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES
City Clinton State NY Zip Code 13323-		
Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	314.21
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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

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)
Friends of Sherwood Boehlert

<p>A. Full Name (Last, First, Middle Initial) Alice M. Jou</p> <p>Mailing Address 55 Elm Street</p> <p>City Clinton State NY Zip Code 13323-</p> <p>Purpose of Disbursement : CUSTODIAL SERVICES</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 50621.E11719</p> <p>Date of Disbursement 04 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>: CUSTODIAL SERVICES</p>
<p>B. Full Name (Last, First, Middle Initial) Alice M. Jou</p> <p>Mailing Address 55 Elm Street</p> <p>City Clinton State NY Zip Code 13323-</p> <p>Purpose of Disbursement : CUSTODIAL SERVICES</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 50621.E11714</p> <p>Date of Disbursement 04 / 27 / 2005</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>: CUSTODIAL SERVICES</p>
<p>C. Full Name (Last, First, Middle Initial) Alice M. Jou</p> <p>Mailing Address 55 Elm Street</p> <p>City Clinton State NY Zip Code 13323-</p> <p>Purpose of Disbursement : CUSTODIAL SERVICES</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 50621.E11750</p> <p>Date of Disbursement 05 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>: CUSTODIAL SERVICES</p>

SUBTOTAL of Disbursements This Page (optional) ►

150.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Alice M. Jou		Transaction ID: 50621.E11783 Date of Disbursement 05 / 12 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) B. Alice M. Jou		Transaction ID: 50621.E11787 Date of Disbursement 05 / 18 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50621.E11796 Date of Disbursement 06 / 07 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Alice M. Jou		Transaction ID: 50621.E11819 Date of Disbursement 06 / 09 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) B. Alice M. Jou		Transaction ID: 50621.E11826 Date of Disbursement 06 / 14 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50628.E11834 Date of Disbursement 06 / 21 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL SERVICES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Alice M. Jou		Transaction ID: 50628.E11844 Date of Disbursement 06 / 28 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL 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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ : CUSTODIAL SERVICES	

Full Name (Last, First, Middle Initial) B. Matt Keelen		Transaction ID: 50628.C14752IK Date of Disbursement 06 / 22 / 2005	
Mailing Address Keelen Communications, P.O. Box 27		Amount of Each Disbursement this Period 785.28	
City Arlington State VA Zip Code 22202-	Purpose of Disbursement IN-KIND CONTRIBUTION Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ IN KIND: IN-KIND CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. Jacqueline Kussin		Transaction ID: 50621.E11744 Date of Disbursement 04 / 28 / 2005	
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 1543.71	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement 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 State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ SALARY	

SUBTOTAL of Disbursements This Page (optional) ▶	2378.99
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Jacqueline Kussin		Transaction ID: 50621.E11784 Date of Disbursement 05 / 12 / 2005	
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 14.79	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : REIMB: OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	: REIMB: OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jacqueline Kussin		Transaction ID: 50621.E11791 Date of Disbursement 05 / 24 / 2005	
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 1543.71	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jacqueline Kussin		Transaction ID: 50628.E11846 Date of Disbursement 06 / 28 / 2005	
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 1543.71	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement SALARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SALARY	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3102.21
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Sally Majka		Transaction ID: 50621.E11749 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 7437 River Road		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : POLITICAL CONSULTANT
City Rome State NY Zip Code 13440-	Purpose of Disbursement : POLITICAL CONSULTANT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. McCraughwood Enterprises, Inc.		Transaction ID: 50621.E11731 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address 8 Symphony Place		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
City Whitesboro State NY Zip Code 13492-	Purpose of Disbursement RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. McCraughwood Enterprises, Inc.		Transaction ID: 50621.E11785 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 8 Symphony Place		Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
City Whitesboro State NY Zip Code 13492-	Purpose of Disbursement RENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1920.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. McCraughwood Enterprises, Inc.		Transaction ID: 50621.E11795 Date of Disbursement 05 / 24 / 2005
Mailing Address 8 Symphony Place		Amount of Each Disbursement this Period 600.00
City Whitesboro State NY Zip Code 13492-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCraughwood Enterprises, Inc.		Transaction ID: 50628.E11845 Date of Disbursement 06 / 28 / 2005
Mailing Address 8 Symphony Place		Amount of Each Disbursement this Period 600.00
City Whitesboro State NY Zip Code 13492-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mohawk Consulting Group, Inc.		Transaction ID: 50621.E11718 Date of Disbursement 04 / 27 / 2005
Mailing Address Post Office Box 811		Amount of Each Disbursement this Period 751.24
City New Hartford State NY Zip Code 13413-0811	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TECHNICAL SUPPORT Candidate Name	Category/Type	TECHNICAL SUPPORT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1951.24
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Mohawk Consulting Group, Inc.		Transaction ID: 50621.E11793 Date of Disbursement MM / DD / YYYY 05 / 24 / 2005
Mailing Address Post Office Box 811		Amount of Each Disbursement this Period 439.37
City New Hartford State NY Zip Code 13413-0811	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TECHNICAL SUPPORT	Candidate Name	TECHNICAL SUPPORT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mohawk Consulting Group, Inc.		Transaction ID: 50621.E11822 Date of Disbursement MM / DD / YYYY 06 / 14 / 2005
Mailing Address Post Office Box 811		Amount of Each Disbursement this Period 382.11
City New Hartford State NY Zip Code 13413-0811	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TECHNICAL SUPPORT	Candidate Name	TECHNICAL SUPPORT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mohawk Consulting Group, Inc.		Transaction ID: 50628.E11835 Date of Disbursement MM / DD / YYYY 06 / 22 / 2005
Mailing Address Post Office Box 811		Amount of Each Disbursement this Period 3086.87
City New Hartford State NY Zip Code 13413-0811	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE EQUIPMENT	Candidate Name	OFFICE EQUIPMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3908.35
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Mohawk Valley Water Authority		Transaction ID: 50621.E11724 Date of Disbursement 04 / 27 / 2005	
Mailing Address P.O. Box 98		Amount of Each Disbursement this Period 36.03	
City Buffalo State NY Zip Code 14240-0098	Purpose of Disbursement : UTILITIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: UTILITIES	

Full Name (Last, First, Middle Initial) B. MSE Productions		Transaction ID: 50407.E11687 Date of Disbursement 04 / 05 / 2005	
Mailing Address 11800 Sunrise Valley Drive, Suite		Amount of Each Disbursement this Period 1490.00	
City Reston State VA Zip Code 20191-	Purpose of Disbursement FUNDRAISING/ENTERTAINMENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING/ENTERTAINMENT	

Full Name (Last, First, Middle Initial) C. New York State Dept. Taxation & Finance		Transaction ID: 50621.E11790 Date of Disbursement 05 / 24 / 2005	
Mailing Address General Post Office, P.O. Box 2682		Amount of Each Disbursement this Period 42.73	
City New York State NY Zip Code 10087-6823	Purpose of Disbursement : NY STATE WITHHOLDING TAX	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: NY STATE WITHHOLDING TAX	

SUBTOTAL of Disbursements This Page (optional) ▶	1568.76
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Niagara Mohawk		Transaction ID: 50621.E11727 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address 300 Erie Boulevard West		Amount of Each Disbursement this Period 111.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Syracuse State NY Zip Code 13202-	Purpose of Disbursement : UTILITIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Niagara Mohawk		Transaction ID: 50621.E11788 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 5
Mailing Address 300 Erie Boulevard West		Amount of Each Disbursement this Period 106.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Syracuse State NY Zip Code 13202-	Purpose of Disbursement : UTILITIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Niagara Mohawk		Transaction ID: 50628.E11836 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 300 Erie Boulevard West		Amount of Each Disbursement this Period 93.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Syracuse State NY Zip Code 13202-	Purpose of Disbursement : UTILITIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	312.14
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Northland Communications Group (N.C.G.)		Transaction ID: 50621.E11729 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address 9560 Main Street		Amount of Each Disbursement this Period 294.62
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Northland Communications Group (N.C.G.)		Transaction ID: 50621.E11781 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 5
Mailing Address 9560 Main Street		Amount of Each Disbursement this Period 305.88
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Northland Communications Group (N.C.G.)		Transaction ID: 50621.E11800 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 9560 Main Street		Amount of Each Disbursement this Period 301.77
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

902.27

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. NYS Employment Taxes		Transaction ID: 50621.E11716 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 4119		Amount of Each Disbursement this Period 1351.10
City Binghamton State NY Zip Code 13902-4119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NY STATE EMPLOYMENT TAXES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NY STATE EMPLOYMENT TAXES

Full Name (Last, First, Middle Initial) B. NYS Unemployment Insurance		Transaction ID: 50621.E11755 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address Post Office Box 1589		Amount of Each Disbursement this Period 6.50
City Albany State NY Zip Code 12201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : UNEMPLOYMENT INSURANCE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: UNEMPLOYMENT INSURANCE

Full Name (Last, First, Middle Initial) C. Platinum Plus for Business		Transaction ID: 50621.E11698 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 905.76
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW: CREDIT CARD

SUBTOTAL of Disbursements This Page (optional) ▶	2263.36
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Capital Hill Suites		Transaction ID: 50621.E11705 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 200 C Street, SE		Amount of Each Disbursement this Period 234.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-	[MEMO ITEM] MEMO: : FUNDRAISING/LODGING	
Purpose of Disbursement : FUNDRAISING/LODGING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Exxon Mobile83		Transaction ID: 50621.E11704 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 339 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 48.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	[MEMO ITEM] MEMO: : FUNDRAISING TRAVEL	
Purpose of Disbursement : FUNDRAISING TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Fabios		Transaction ID: 50621.E11699 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 179 Homer Avenue		Amount of Each Disbursement this Period 128.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cortland State NY Zip Code 13045-	[MEMO ITEM] MEMO: : FUNDRAISING MEALS	
Purpose of Disbursement : FUNDRAISING MEALS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Hotels.com		Transaction ID: 50621.E11703 Date of Disbursement 04 / 13 / 2005	
Mailing Address 10440 N. Central Express, Suite 40		Amount of Each Disbursement this Period 258.00	
City Dallas State TX Zip Code 75231-	Purpose of Disbursement : FUNDRAISING/LODGING 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : FUNDRAISING/LODGING	

Full Name (Last, First, Middle Initial) B. National Baseball Hall of Fame		Transaction ID: 50621.E11701 Date of Disbursement 04 / 13 / 2005	
Mailing Address 25 Main Street		Amount of Each Disbursement this Period 108.00	
City Cooperstown State NY Zip Code 13326-	Purpose of Disbursement : FUNDRAISING ITEMS 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : FUNDRAISING ITEMS	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster - DC		Transaction ID: 50621.E11702 Date of Disbursement 04 / 13 / 2005	
Mailing Address Rayburn Post Office		Amount of Each Disbursement this Period 40.85	
City Washington State DC Zip Code 20515-	Purpose of Disbursement : POSTAGE 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. U.S. Postmaster - DC		Transaction ID: 50621.E11706 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address Rayburn Post Office		Amount of Each Disbursement this Period 2.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement : POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE

Full Name (Last, First, Middle Initial) B. USPS		Transaction ID: 50621.E11700 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address Gateway Center Drive		Amount of Each Disbursement this Period 84.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarksburg State MD Zip Code 20871-	Purpose of Disbursement : POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE

Full Name (Last, First, Middle Initial) C. Platinum Plus for Business		Transaction ID: 50621.E11712 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 1513.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5469	Purpose of Disbursement SEE BELOW: CREDIT CARD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW: CREDIT CARD

SUBTOTAL of Disbursements This Page (optional) ▶	1513.57
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

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)
Friends of Sherwood Boehlert

<p>A. Best Buy</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Commercial Drive</p>		<p>Transaction ID: 50621.E11737 Date of Disbursement 04 / 28 / 2005</p>
<p>City New Hartford State NY Zip Code 13413-</p> <p>Purpose of Disbursement : MAJOR EQUIPMENT</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 477.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] MEMO: : MAJOR EQUIPMENT</p>

<p>B. Hummels Office Plus</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 351</p>		<p>Transaction ID: 50621.E11736 Date of Disbursement 04 / 28 / 2005</p>
<p>City Herkimer State NY Zip Code 13350-</p> <p>Purpose of Disbursement : OFFICE SUPPLIES</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 129.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] MEMO: : OFFICE SUPPLIES</p>

<p>C. U. S. Postmaster</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 40 Campion Road</p>		<p>Transaction ID: 50621.E11739 Date of Disbursement 04 / 28 / 2005</p>
<p>City New Hartford State NY Zip Code 13413-</p> <p>Purpose of Disbursement : POSTAGE</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 237.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM] MEMO: : POSTAGE</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. U. S. Postmaster		Transaction ID: 50621.E11738 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 40 Campion Road		Amount of Each Disbursement this Period 41.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Hartford State NY Zip Code 13413-	Category/ Type	
Purpose of Disbursement : POSTAGE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: 50621.E11735 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 387.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington Mills State NY Zip Code 13479-	Category/ Type	
Purpose of Disbursement : POSTAGE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: 50621.E11740 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 240.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington Mills State NY Zip Code 13479-	Category/ Type	
Purpose of Disbursement : POSTAGE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50621.E11768 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 593.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5469	Category/Type	
Purpose of Disbursement SEE BELOW: CREDIT CARD		SEE BELOW: CREDIT CARD
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Birds Florist		Transaction ID: 50621.E11773 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 915 15th Street, NW		Amount of Each Disbursement this Period 63.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-	Category/Type	
Purpose of Disbursement : FLOWERS		[MEMO ITEM] MEMO: : FLOWERS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. House Gift Shop		Transaction ID: 50621.E11771 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address US House of Representatives		Amount of Each Disbursement this Period 134.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Category/Type	
Purpose of Disbursement : OFFICE SUPPLIES		[MEMO ITEM] MEMO: : OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	593.34
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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

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)
Friends of Sherwood Boehlert

<p>A. House Gift Shop</p> <p>Full Name (Last, First, Middle Initial) Mailing Address US House of Representatives</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement : CONSTITUENT GIFTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50621.E11772</p> <p>Date of Disbursement 05 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 349.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: : CONSTITUENT GIFTS</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Platinum Plus for Business</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 15469</p> <p>City Wilmington State DE Zip Code 19886-5469</p> <p>Purpose of Disbursement : CREDIT CARD ADMINISTRATIV</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50621.E11770</p> <p>Date of Disbursement 05 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 39.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: : CREDIT CARD ADMINISTRATION</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. U.S. Postmaster - DC</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Rayburn Post Office</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement : POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 50621.E11769</p> <p>Date of Disbursement 05 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 7.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: : POSTAGE</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50621.E11759 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 2701.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5469	Purpose of Disbursement SEE BELOW: CREDIT CARD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW: CREDIT CARD

Full Name (Last, First, Middle Initial) B. Barnes & Noble		Transaction ID: 50621.E11761 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 4811 Commercial Drive		Amount of Each Disbursement this Period 26.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Hartford State NY Zip Code 13413-	Purpose of Disbursement : RECEPTION ITEMS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : RECEPTION ITEMS

Full Name (Last, First, Middle Initial) C. Harper Collins Publishing		Transaction ID: 50621.E11764 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 1000 Keystone Industrial Park		Amount of Each Disbursement this Period 1485.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Scranton State PA Zip Code 18512-	Purpose of Disbursement : RECEPTION ITEMS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : RECEPTION ITEMS

SUBTOTAL of Disbursements This Page (optional) ▶	2701.83
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Harper Collins Publishing		Transaction ID: 50621.E11765 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 1000 Keystone Industrial Park		Amount of Each Disbursement this Period -3.71
City Scranton State PA Zip Code 18512-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CREDIT Candidate Name	Category/Type	[MEMO ITEM] MEMO: : CREDIT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hummels Office Plus		Transaction ID: 50621.E11762 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 262.99
City Herkimer State NY Zip Code 13350-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: : OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hummels Office Plus		Transaction ID: 50621.E11763 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 117.49
City Herkimer State NY Zip Code 13350-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: : OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50621.E11767 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 33.49
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CREDIT CARD ADMINISTRATIV Candidate Name		[MEMO ITEM] MEMO: : CREDIT CARD ADMINISTRATIV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Platinum Plus for Business		Transaction ID: 50621.E11760 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 39.00
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CREDIT CARD ADMINISTRATIV Candidate Name		[MEMO ITEM] MEMO: : CREDIT CARD ADMINISTRATIV
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: 50621.E11766 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 740.00
City Washington Mills State NY Zip Code 13479-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE Candidate Name		[MEMO ITEM] MEMO: : POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50621.E11811 Date of Disbursement
Mailing Address Post Office Box 15469		<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="2005"/>
City Wilmington	State DE	Zip Code 19886-5469
Purpose of Disbursement SEE BELOW: CREDIT CARD		Amount of Each Disbursement this Period <input type="text" value="587.38"/>
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	SEE BELOW: CREDIT CARD	

Full Name (Last, First, Middle Initial) B. House Gift Shop		Transaction ID: 50621.E11814 Date of Disbursement
Mailing Address US House of Representatives		<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="2005"/>
City Washington	State DC	Zip Code 20515-
Purpose of Disbursement : OFFICE SUPPLIES		Amount of Each Disbursement this Period <input type="text" value="10.80"/>
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	[MEMO ITEM] MEMO: : OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. House Gift Shop		Transaction ID: 50621.E11813 Date of Disbursement
Mailing Address US House of Representatives		<input type="text" value="06"/> <input type="text" value="07"/> / <input type="text" value="2005"/>
City Washington	State DC	Zip Code 20515-
Purpose of Disbursement : OFFICE SUPPLIES		Amount of Each Disbursement this Period <input type="text" value="108.00"/>
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 type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	[MEMO ITEM] MEMO: : OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="587.38"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. House Gift Shop		Transaction ID: 50621.E11812 Date of Disbursement 06 / 07 / 2005	
Mailing Address US House of Representatives		Amount of Each Disbursement this Period 172.44	
City Washington State DC Zip Code 20515-	Purpose of Disbursement : OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. National Baseball Hall of Fame		Transaction ID: 50621.E11816 Date of Disbursement 06 / 07 / 2005	
Mailing Address 25 Main Street		Amount of Each Disbursement this Period 292.00	
City Cooperstown State NY Zip Code 13326-	Purpose of Disbursement FUNDRAISING ITEMS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: FUNDRAISING ITEMS	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster - DC		Transaction ID: 50621.E11815 Date of Disbursement 06 / 07 / 2005	
Mailing Address Rayburn Post Office		Amount of Each Disbursement this Period 4.14	
City Washington State DC Zip Code 20515-	Purpose of Disbursement : POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : POSTAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50621.E11804 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 358.65
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD		SEE BELOW: CREDIT CARD
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dreamscape Online		Transaction ID: 50621.E11808 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address c/o Northland Comm., 9560 Main Str		Amount of Each Disbursement this Period 19.95
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : UTILITIES		[MEMO ITEM] MEMO: : UTILITIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dreamscape Online		Transaction ID: 50621.E11806 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address c/o Northland Comm., 9560 Main Str		Amount of Each Disbursement this Period 19.95
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : UTILITIES		[MEMO ITEM] MEMO: : UTILITIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	358.65
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Hummels Office Plus		Transaction ID: 50621.E11809 Date of Disbursement 06 / 07 / 2005
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 219.49
City Herkimer	State NY	
Zip Code 13350-	Purpose of Disbursement : OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : OFFICE SUPPLIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Hummels Office Plus		Transaction ID: 50621.E11807 Date of Disbursement 06 / 07 / 2005
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 32.82
City Herkimer	State NY	
Zip Code 13350-	Purpose of Disbursement : OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : OFFICE SUPPLIES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Platinum Plus for Business		Transaction ID: 50621.E11810 Date of Disbursement 06 / 07 / 2005
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 18.15
City Wilmington	State DE	
Zip Code 19886-5469	Purpose of Disbursement : FINANCE CHARGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : FINANCE CHARGE
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Village Florals		Transaction ID: 50621.E11805 Date of Disbursement 06 / 07 / 2005	
Mailing Address 27 Genesee Street at Oxford Road		Amount of Each Disbursement this Period 48.29	
City New Hartford State NY Zip Code 13413-	Purpose of Disbursement : MEMORIAL FLOWERS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : MEMORIAL FLOWERS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ridgewood Food Market		Transaction ID: 50621.E11756 Date of Disbursement 05 / 05 / 2005	
Mailing Address 2514 Oneida Street		Amount of Each Disbursement this Period 11.20	
City Utica State NY Zip Code 13501-	Purpose of Disbursement : OFFICE SUPPLIES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ridgewood Food Market		Transaction ID: 50621.E11797 Date of Disbursement 06 / 07 / 2005	
Mailing Address 2514 Oneida Street		Amount of Each Disbursement this Period 13.52	
City Utica State NY Zip Code 13501-	Purpose of Disbursement : OFFICE SUPPLIES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : OFFICE SUPPLIES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	24.72
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. T. C. Peters Printing Inc.		Transaction ID: 50621.E11693 Date of Disbursement 04 / 12 / 2005
Mailing Address 2336 W. Whitesboro Street		Amount of Each Disbursement this Period 87.80
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : STATIONERY Candidate Name	Category/Type	: STATIONERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. T. C. Peters Printing Inc.		Transaction ID: 50621.E11824 Date of Disbursement 06 / 14 / 2005
Mailing Address 2336 W. Whitesboro Street		Amount of Each Disbursement this Period 427.05
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : PRINTING Candidate Name	Category/Type	PRINTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. T. C. Peters Printing Inc.		Transaction ID: 50621.E11823 Date of Disbursement 06 / 14 / 2005
Mailing Address 2336 W. Whitesboro Street		Amount of Each Disbursement this Period 399.68
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : STATIONERY Candidate Name	Category/Type	STATIONERY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	914.53
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. The Bank of Utica		Transaction ID: 50621.E11709 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 5
Mailing Address 222 Genesee Street		Amount of Each Disbursement this Period 117.02
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : FEDERAL UNEMP. INS.		: FEDERAL UNEMP. INS.
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. The Bank of Utica		Transaction ID: 50621.E11758 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 222 Genesee Street		Amount of Each Disbursement this Period 1544.60
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL WITHHOLDING		FEDERAL WITHHOLDING
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. The Bank of Utica		Transaction ID: 50621.E11820 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address 222 Genesee Street		Amount of Each Disbursement this Period 1544.60
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL WITHHOLDING TAX		FEDERAL WITHHOLDING TAX
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3206.22
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Mr. Andrew Trinkaus		Transaction ID: 50621.E11786 Date of Disbursement 05 / 12 / 2005
Mailing Address 205 Maple Street		Amount of Each Disbursement this Period 269.88
City Oriskany State NY Zip Code 13424-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	MILEAGE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Twin Ponds Golf & Country Club		Transaction ID: 50621.E11775 Date of Disbursement 05 / 10 / 2005
Mailing Address 169 Main Street		Amount of Each Disbursement this Period 3069.00
City New York Mills State NY Zip Code 13417-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL RECEPTION	Candidate Name	POLITICAL RECEPTION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: 50621.E11757 Date of Disbursement 05 / 05 / 2005
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 8.80
City Washington Mills State NY Zip Code 13479-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE	Candidate Name	: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3347.68
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. US Postal Service		Transaction ID: 50621.E11751 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 5
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 70.80
City Washington Mills State NY Zip Code 13479-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE Candidate Name	Category/Type	: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. US Postal Service		Transaction ID: 50621.E11782 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 5
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 44.95
City Washington Mills State NY Zip Code 13479-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE Candidate Name	Category/Type	: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Valued Incentives & Promotions		Transaction ID: 50628.E11838 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 5
Mailing Address 27 Genesee Street		Amount of Each Disbursement this Period 629.38
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN HANDOUTS Candidate Name	Category/Type	CAMPAIGN HANDOUTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	745.13
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 50621.E11728 Date of Disbursement 04 / 27 / 2005
Mailing Address Post Office Box 1100		Amount of Each Disbursement this Period 37.58
City Albany State NY Zip Code 12250-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name		: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 50621.E11723 Date of Disbursement 04 / 27 / 2005
Mailing Address Post Office Box 1100		Amount of Each Disbursement this Period 37.31
City Albany State NY Zip Code 12250-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name		: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 50621.E11803 Date of Disbursement 06 / 07 / 2005
Mailing Address Post Office Box 1100		Amount of Each Disbursement this Period 36.93
City Albany State NY Zip Code 12250-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name		: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	111.82
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 50628.E11843 Date of Disbursement 06 / 28 / 2005
Mailing Address Post Office Box 1100		Amount of Each Disbursement this Period 37.33
City Albany State NY Zip Code 12250-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50621.E11694 Date of Disbursement 04 / 12 / 2005
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 66.30
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50621.E11695 Date of Disbursement 04 / 12 / 2005
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 45.40
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	: TELEPHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	149.03
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50621.E11722 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 132.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Newark State NJ Zip Code 07101-		
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50621.E11721 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 89.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Newark State NJ Zip Code 07101-		
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50621.E11794 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 22.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Newark State NJ Zip Code 07101-		
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	244.81
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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50628.E11840 Date of Disbursement 06 / 23 / 2005	
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 45.24	
City Newark State NJ Zip Code 07101-	Purpose of Disbursement : TELEPHONE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50628.E11839 Date of Disbursement 06 / 23 / 2005	
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 66.27	
City Newark State NJ Zip Code 07101-	Purpose of Disbursement : TELEPHONE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50621.E11707 Date of Disbursement 04 / 13 / 2005	
Mailing Address P.O.Box 17464		Amount of Each Disbursement this Period 108.05	
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement : TELEPHONE Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	219.56
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50621.E11780 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 5	
Mailing Address P.O.Box 17464		Amount of Each Disbursement this Period 106.80	
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement : TELEPHONE 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50621.E11827 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 5	
Mailing Address P.O.Box 17464		Amount of Each Disbursement this Period 104.66	
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement : TELEPHONE 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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE	

SUBTOTAL of Disbursements This Page (optional) ▶

211.46

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

48082.80

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 89 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Adirondack Bank		Transaction ID: 50621.E11774 Date of Disbursement 05 / 10 / 2005
Mailing Address 185 Genesee Street		Amount of Each Disbursement this Period 125.00
City Utica State NY Zip Code 13501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : ARTS CONTEST 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. Auburn/Cayuga NAACP		Transaction ID: 50621.E11753 Date of Disbursement 05 / 05 / 2005
Mailing Address c/o Merritt Fletcher, 35 Richardso		Amount of Each Disbursement this Period 30.00
City Auburn State NY Zip Code 13021-4805	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : EVENT TICKETS 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) C. Catskill Area Hospice Hope Foundation		Transaction ID: 50621.E11748 Date of Disbursement 04 / 28 / 2005
Mailing Address 1 Birchwood drive		Amount of Each Disbursement this Period 500.00
City Oneonta State NY Zip Code 13820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHARITABLE CONTRIBUTION 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	655.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cayuga County Republican Committee		Transaction ID: 50621.E11734 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 2		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 : EVENT TICKETS 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. Cayuga County Womens Republican Club		Transaction ID: 50621.E11690 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5
Mailing Address P.O. Box 1116		Amount of Each Disbursement this Period 15.00 <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 : EVENT TICKETS 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) C. Cortland County Womens Republican Club		Transaction ID: 50621.E11732 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address c/o Cheryl Michaels 22 Williams St.		Amount of Each Disbursement this Period 24.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cortland State NY Zip Code 13045-		
Purpose of Disbursement : EVENT TICKETS 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	139.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Herkimer County World War 11 Memorial Tr		Transaction ID: 50621.E11691 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 5
Mailing Address c/o Mr. George Aney, 401 Prospect		Amount of Each Disbursement this Period 250.00
City Herkimer State NY Zip Code 13350-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CHARITABLE CONTRIBUTION 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. Msgr. Carl J. Denti Foundation		Transaction ID: 50621.E11821 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address Box 4065		Amount of Each Disbursement this Period 230.00
City Utica State NY Zip Code 13504-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement YEARBOOK AD 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) C. Munson Williams Proctor Inst		Transaction ID: 50621.E11817 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 310 Genesee Street		Amount of Each Disbursement this Period 100.00
City Utica State NY Zip Code 13502-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBERSHIP RENEWAL 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	580.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 92 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. St. Marys Church		Transaction ID: 50621.E11798 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 5
Mailing Address 210 Main Street		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York Mills State NY Zip Code 13417-	Purpose of Disbursement : CHARITABLE EVENT/TICKETS 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Tioga County Republican Committee		Transaction ID: 50621.E11746 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address P.O. Box 361		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Spencer State NY Zip Code 14883-	Purpose of Disbursement : YEARBOOK AD 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Utica College Baseball		Transaction ID: 50621.E11747 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 5
Mailing Address Utica College, 1600 Burrstone 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 Utica State NY Zip Code 13502-	Purpose of Disbursement : CHARITABLE CONTRIBUTION 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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 93 / 93

<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

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. YWCA		Transaction ID: 50621.E11689	
Mailing Address 1000 Cornelia St.		Date of Disbursement 04 / 12 / 2005	
City Utica	State NY	Zip Code 13502-	Amount of Each Disbursement this Period 315.00
Purpose of Disbursement EVENT TICKETS		Category/ Type	<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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	315.00
TOTAL This Period (last page this line number only)	2064.00