

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF JOHN LAFALCE

Report Covering the Period: From: To:

	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)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	20059.15	90351.50
(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)).....	20059.15	90351.50
8. Cash on Hand at Close of Reporting Period (from Line 27).....	488172.57	
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

Write or Type Committee Name
FRIENDS OF JOHN LAFALCE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

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

0.00

0.00

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

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.).....

2206.35

19836.09

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

2206.35

19836.09

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20059.15	90351.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	20059.15	90351.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	506025.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2206.35
25. SUBTOTAL (add Line 23 and Line 24).....	508231.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20059.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	488172.57

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

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

Mailing Address HSBC Center

City State Zip Code
Buffalo NY 14240

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6386.19

Date of Receipt
MM / DD / YYYY
07 / 01 / 2006

Transaction ID: SA15.9259

Amount of Each Receipt this Period
26.83

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

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

Mailing Address HSBC Center

City State Zip Code
Buffalo NY 14240

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6565.21

Date of Receipt
MM / DD / YYYY
07 / 03 / 2006

Transaction ID: SA15.9248

Amount of Each Receipt this Period
179.02

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

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

Mailing Address HSBC Center

City State Zip Code
Buffalo NY 14240

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6711.05

Date of Receipt
MM / DD / YYYY
07 / 03 / 2006

Transaction ID: SA15.9249

Amount of Each Receipt this Period
145.84

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

SUBTOTAL of Receipts This Page (optional)	351.69
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 6 / 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9250	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 335.45		
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7046.50		

Full Name (Last, First, Middle Initial) B. HSBC		Date of Receipt M M / D D / Y Y Y Y 07 / 06 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9257	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 5.91		
FEC ID number of contributing federal political committee. C		interest - checking June/- July	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7052.41		

Full Name (Last, First, Middle Initial) C. HSBC		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9251	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 221.22		
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7273.63		

SUBTOTAL of Receipts This Page (optional) ▶	562.58
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 7 / 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

A. Full Name (Last, First, Middle Initial) HSBC Mailing Address HSBC Center City Buffalo State NY Zip Code 14240 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.9252 Amount of Each Receipt this Period <table border="1"> <tr> <td>151.13</td> </tr> </table> interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	6	151.13
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	6														
151.13																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>7424.76</td> </tr> </table>		7424.76																					
7424.76																							

B. Full Name (Last, First, Middle Initial) HSBC Mailing Address HSBC Center City Buffalo State NY Zip Code 14240 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.9253 Amount of Each Receipt this Period <table border="1"> <tr> <td>347.76</td> </tr> </table> interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	3		2	0	0	6	347.76
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	3		2	0	0	6														
347.76																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>7772.52</td> </tr> </table>		7772.52																					
7772.52																							

C. Full Name (Last, First, Middle Initial) HSBC Mailing Address HSBC Center City Buffalo State NY Zip Code 14240 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA15.9254 Amount of Each Receipt this Period <table border="1"> <tr> <td>229.43</td> </tr> </table> interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	0	6	229.43
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	1		2	0	0	6														
229.43																							
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>8001.95</td> </tr> </table>		8001.95																					
8001.95																							

SUBTOTAL of Receipts This Page (optional)	728.32
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 / 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9255	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 151.57		
FEC ID number of contributing federal political committee. C	interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 8153.52			

Full Name (Last, First, Middle Initial) B. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9256	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 348.94		
FEC ID number of contributing federal political committee. C	interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 8502.46			

Full Name (Last, First, Middle Initial) C. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9261	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 31.46		
FEC ID number of contributing federal political committee. C	interest Checking - recalculated earned <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 8533.92			

SUBTOTAL of Receipts This Page (optional)	531.97
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 / 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address HSBC Center		Transaction ID: SA15.9262	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 1.05		
FEC ID number of contributing federal political committee. C		interest - checking	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 8534.97		
Name of Employer		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) B. Merril Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2006	
Mailing Address P.O. Box 45290		Transaction ID: SA15.9245	
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 1.11		
FEC ID number of contributing federal political committee. C		interest - July	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 11212.03		
Name of Employer		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

Full Name (Last, First, Middle Initial) C. Merril Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address P.O. Box 45290		Transaction ID: SA15.9246	
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 1.20		
FEC ID number of contributing federal political committee. C		interest - Aug	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 11213.23		
Name of Employer		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	

SUBTOTAL of Receipts This Page (optional)	3.36
TOTAL This Period (last page this line number only)	(Empty box)

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

A. Full Name (Last, First, Middle Initial)
Merril Lynch Ready Assets Trust

Mailing Address P.O. Box 45290

City State Zip Code
Jacksonville FL 32232-5290

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11214.34

Date of Receipt

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

Transaction ID: SA15.9247

Amount of Each Receipt this Period
1.11

interest - Sept.

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

SUBTOTAL of Receipts This Page (optional)	▶	1.11
TOTAL This Period (last page this line number only)	▶	2179.03

**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 11 / 14

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. Citicards		Transaction ID: SB17.9270	
Mailing Address PO Box 6500		Date of Disbursement 07 / 23 / 2006	
City Sioux Falls	State SD	Zip Code 57117	Amount of Each Disbursement this Period 241.25
Purpose of Disbursement donations		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" 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: NY District: 29			

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.9283	
Mailing Address 430 SOUTH CAPITOL STREET		Date of Disbursement 09 / 07 / 2006	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 15000.00
Purpose of Disbursement contribution		011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" 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: NY District: 29			

Full Name (Last, First, Middle Initial) C. Friends For DeMonte		Transaction ID: SB17.9278	
Mailing Address 432 Rivermist Court		Date of Disbursement 08 / 29 / 2006	
City Youngstown	State NY	Zip Code 14174	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement contribution		011	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" 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: NY District: 29			

SUBTOTAL of Disbursements This Page (optional)	15741.25
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 12 / 14

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. Marc A.Coppolla for State Senate		Transaction ID: SB17.9281 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 335 Commonwealth		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14216		
Purpose of Disbursement contribution Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	011 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MASSA FOR CONGRESS		Transaction ID: SB17.9265 Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2006
Mailing Address 59 EAST MARKET STREET SUITE 244		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City CORNING State NY Zip Code 14830		
Purpose of Disbursement contribution Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	011 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Network of Religious Communities, Inc.		Transaction ID: SB17.9284 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 1272 Delaware Avenue		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14209		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2535.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. Sisters of St. Joseph		Transaction ID: SB17.9285 Date of Disbursement 09 / 12 / 2006	
Mailing Address 23 Agassiz Circle		Amount of Each Disbursement this Period 200.00	
City Buffalo State NY Zip Code 14214	Purpose of Disbursement donation	Category/ Type 012	
Candidate Name FRIENDS OF JOHN LAFALCE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Spitzer 2006		Transaction ID: SB17.9286 Date of Disbursement 09 / 21 / 2006	
Mailing Address P.O.Box 2015		Amount of Each Disbursement this Period 575.00	
City Buffalo State NY Zip Code 14240	Purpose of Disbursement contribution	Category/ Type 011	
Candidate Name FRIENDS OF JOHN LAFALCE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. St. Joseph University Parish		Transaction ID: SB17.9272 Date of Disbursement 08 / 08 / 2006	
Mailing Address 3269 Main Street		Amount of Each Disbursement this Period 250.00	
City Buffalo State NY Zip Code 14214	Purpose of Disbursement donation	Category/ Type 012	
Candidate Name FRIENDS OF JOHN LAFALCE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1025.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

A. Full Name (Last, First, Middle Initial)
The GM Card

Mailing Address P.O.Box 8800

City Farmingville State NY Zip Code 11738

Purpose of Disbursement donations

Candidate Name FRIENDS OF JOHN LAFALCE

Office Sought: House Senate President
State: NY District: 29

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.9271

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

B. Full Name (Last, First, Middle Initial)
The GM Card

Mailing Address P.O.Box 8800

City Farmingville State NY Zip Code 11738

Purpose of Disbursement donations

Candidate Name FRIENDS OF JOHN LAFALCE

Office Sought: House Senate President
State: NY District: 29

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.9277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)