

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF JOHN LAFALCE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	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).....	16517.55	70292.35
(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)).....	16517.55	70292.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	506025.37	
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 JOHN LAFALCE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

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)

0.00

0.00

(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.).....

2725.58

17629.74

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

2725.58

17629.74

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16517.55	70292.35
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) ▶	16517.55	70292.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	519817.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2725.58
25. SUBTOTAL (add Line 23 and Line 24).....	522542.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16517.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	506025.37

**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 / 15
	<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		Date of Receipt MM / DD / YYYY 04 / 03 / 2006
Mailing Address HSBC Center		Transaction ID: SA15.9188
City Buffalo State NY Zip Code 14240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 177.44
Name of Employer	Occupation	interest - CD
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4441.39	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt MM / DD / YYYY 04 / 03 / 2006
Mailing Address HSBC Center		Transaction ID: SA15.9189
City Buffalo State NY Zip Code 14240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 149.39
Name of Employer	Occupation	interest - CD
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4590.78	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt MM / DD / YYYY 04 / 03 / 2006
Mailing Address HSBC Center		Transaction ID: SA15.9190
City Buffalo State NY Zip Code 14240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 343.18
Name of Employer	Occupation	interest - CD
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4933.96	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	670.01
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 6 / 15
	(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) HSBC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address HSBC Center		Transaction ID: SA15.9200	
City State Zip Code Buffalo NY 14240		Amount of Each Receipt this Period 36.33	
FEC ID number of contributing federal political committee. C		interest - checking	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4970.29	

B. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address HSBC Center		Transaction ID: SA15.9191	
City State Zip Code Buffalo NY 14240		Amount of Each Receipt this Period 172.22	
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5142.51	

C. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 6	
Mailing Address HSBC Center		Transaction ID: SA15.9192	
City State Zip Code Buffalo NY 14240		Amount of Each Receipt this Period 145.00	
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5287.51	

SUBTOTAL of Receipts This Page (optional) ▶	353.55
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: (check only one)	PAGE 7 / 15
	<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		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address HSBC Center		Transaction ID: SA15.9193
City Buffalo State NY Zip Code 14240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 333.23
Name of Employer	Occupation	interest - CD
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5620.74	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 6
Mailing Address HSBC Center		Transaction ID: SA15.9201
City Buffalo State NY Zip Code 14240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 29.91
Name of Employer	Occupation	interest - checking
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5650.65	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address HSBC Center		Transaction ID: SA15.9194
City Buffalo State NY Zip Code 14240	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 178.48
Name of Employer	Occupation	interest - CD
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5829.13	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	541.62
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 / 15
	<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		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address HSBC Center		Transaction ID: SA15.9195	
City State Zip Code Buffalo NY 14240		Amount of Each Receipt this Period 150.26	
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5979.39	

B. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address HSBC Center		Transaction ID: SA15.9196	
City State Zip Code Buffalo NY 14240		Amount of Each Receipt this Period 345.46	
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6324.85	

C. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address HSBC Center		Transaction ID: SA15.9202	
City State Zip Code Buffalo NY 14240		Amount of Each Receipt this Period 34.51	
FEC ID number of contributing federal political committee. C		interest - checking	
Name of Employer Occupation		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6359.36	

SUBTOTAL of Receipts This Page (optional) ▶	530.23
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: (check only one)	PAGE 9 / 15
	<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. Merrill Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y Y 04 / 28 / 2006
Mailing Address P.O. Box 45290		Transaction ID: SA15.9197
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 195.89	
FEC ID number of contributing federal political committee. C		interest - April <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 ▼ 10796.64	

Full Name (Last, First, Middle Initial) B. Merrill Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2006
Mailing Address P.O. Box 45290		Transaction ID: SA15.9198
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 1.04	
FEC ID number of contributing federal political committee. C		interest - May <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 ▼ 10797.68	

Full Name (Last, First, Middle Initial) C. Merrill Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2006
Mailing Address P.O. Box 45290		Transaction ID: SA15.9199
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 413.24	
FEC ID number of contributing federal political committee. C		interest - April <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 ▼ 11210.92	

SUBTOTAL of Receipts This Page (optional) ▶	610.17
TOTAL This Period (last page this line number only) ▶	2705.58

**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 10 / 15

<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. ARCURI FOR CONGRESS		Transaction ID: SB17.9238 Date of Disbursement 06 / 22 / 2006
Mailing Address 2617 CRESTWAY		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City UTICA State NY Zip Code 13501	011 Category/ Type	
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: 24	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citicards		Transaction ID: SB17.9206 Date of Disbursement 04 / 23 / 2006
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 66.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sioux Falls State SD Zip Code 57117	012 Category/ Type	
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citicards		Transaction ID: SB17.9224 Date of Disbursement 05 / 25 / 2006
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 1025.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sioux Falls State SD Zip Code 57117	012 Category/ Type	
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	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2091.17
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. Citicards		Transaction ID: SB17.9240	
Mailing Address PO Box 6500		Date of Disbursement 06 / 26 / 2006	
City Sioux Falls	State SD	Zip Code 57117	Amount of Each Disbursement this Period 5218.48
Purpose of Disbursement contribution - DCCC		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) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.9241	
Mailing Address 430 SOUTH CAPITOL STREET		Date of Disbursement 06 / 26 / 2006	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00
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) ▼		[MEMO ITEM]
State: NY	District: 29		

Full Name (Last, First, Middle Initial) C. Democrats for Life of America, Inc		Transaction ID: SB17.9219	
Mailing Address 601 Pennsylvania Avenue South Bldg #900		Date of Disbursement 05 / 19 / 2006	
City Washington	State DC	Zip Code 20004	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement donation		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		

SUBTOTAL of Disbursements This Page (optional)	5268.48
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 13 / 15

<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. NIAF		Transaction ID: SB17.9225 Date of Disbursement 05 / 25 / 2006	
Mailing Address 1860 19th St., NW		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20009	Purpose of Disbursement donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name FRIENDS OF JOHN LAFALCE	012 Category/ Type	[MEMO ITEM]	
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. O'Donnell for New York		Transaction ID: SB17.9220 Date of Disbursement 05 / 19 / 2006	
Mailing Address 312 Rivermist		Amount of Each Disbursement this Period 400.00	
City Buffalo State NY Zip Code 14202	Purpose of Disbursement donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name FRIENDS OF JOHN LAFALCE	012 Category/ Type		
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. Spitzer 2006		Transaction ID: SB17.9230 Date of Disbursement 05 / 29 / 2006	
Mailing Address P.O.Box 2015		Amount of Each Disbursement this Period 1000.00	
City Buffalo State NY Zip Code 14240	Purpose of Disbursement contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name FRIENDS OF JOHN LAFALCE	011 Category/ Type		
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) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. The Bretton Woods Committee		Transaction ID: SB17.9210 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6
Mailing Address 1990 M St., NW Suite 450		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Category/Type 012		
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. The GM Card		Transaction ID: SB17.9208 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 6
Mailing Address PO Box 60019		Amount of Each Disbursement this Period 2338.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City City of Industry State CA Zip Code 60119		
Purpose of Disbursement donations & contributions Candidate Name FRIENDS OF JOHN LAFALCE Category/Type 011		
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. The GM Card		Transaction ID: SB17.9221 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6
Mailing Address PO Box 60019		Amount of Each Disbursement this Period 1008.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City City of Industry State CA Zip Code 60119		
Purpose of Disbursement contribution Candidate Name FRIENDS OF JOHN LAFALCE Category/Type 011		
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) ▶	3697.90
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 15 / 15

<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. Villanova University School of Law		Transaction ID: SB17.9235	
Mailing Address 299 North Spring Mill Road Garey Hall		Date of Disbursement MM / DD / YYYY 06 / 19 / 2006	
City Villanova	State PA	Zip Code 19085-1682	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement donation		012 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE			
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. Vive La Casa		Transaction ID: SB17.9212	
Mailing Address 50 Wyoming Avenue		Date of Disbursement MM / DD / YYYY 05 / 03 / 2006	
City Buffalo	State NY	Zip Code 14059	Amount of Each Disbursement this Period 1350.00
Purpose of Disbursement donation		012 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE			
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)

2350.00

TOTAL This Period (last page this line number only)

15807.55