

# 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  
Treadwell for Congress

ADDRESS (number and street) PO Box 685  
 Check if different than previously reported. (ACC)  
Saratoga Springs NY 12866

2. **FEC IDENTIFICATION NUMBER** C00433938  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. **IS THIS REPORT**  **NEW (N)** **OR**  **AMENDED (A)**  
NY 20

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 2008 through 06 30 2008

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 Keith Davis

Signature of Treasurer Electronically Filed by Keith Davis Date 08 28 2008

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

Treadwell for Congress

Report Covering the Period: From:

M M D D Y Y Y Y  
0 4 0 1 2 0 0 8

To:

M M D D Y Y Y Y  
0 6 0 6 2 0 0 8

	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)).....	1011851.36	2693987.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1011851.36	2691687.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	673701.03	1423355.30
(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)).....	673701.03	1423355.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1269243.93	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 12/2003)

Write or Type Committee Name  
Treadwell for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

**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).....

86714.62

675636.62

(ii) Unitemized.....

5319.00

37034.00

(iii) TOTAL of contributions

92033.62

712670.62

from individuals..... ▶

250.00

2350.00

(b) Political Party Committees.....

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

18600.00

129238.61

(d) The Candidate.....

900967.74

1849727.77

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

1011851.36

2693987.00

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.).....

2162.23

2162.23

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

1014013.59

2696149.23

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	673701.03	1423355.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	200.00
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2300.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	673701.03	1425655.30

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	928931.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1014013.59
25. SUBTOTAL (add Line 23 and Line 24).....	1942944.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	673701.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1269243.93

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Erin Agans

Mailing Address 14 Sequoia Dr

City Rensselaer State NY Zip Code 12144-5629

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

Name of Employer NYS Canal Corp Occupation Dir. of Marketing

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 04 / 08 / 2008  
**Transaction ID:** 80714.C1348  
 Amount of Each Receipt this Period 200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wayne Baden

Mailing Address 825 Third Ave, 11th Floor

City New York State NY Zip Code 10022

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

Name of Employer Schlan Stone & Dolan LLP Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 05 / 13 / 2008  
**Transaction ID:** 80714.C1290  
 Amount of Each Receipt this Period 2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
George Beane

Mailing Address 225 West 80th Street Rm 2B

City New York State NY Zip Code 10024

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

Name of Employer Walker Malloy Occupation Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2008  
**Transaction ID:** 80714.C1324  
 Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Berger	Date of Receipt MM / DD / YYYY 06 / 02 / 2008
	Mailing Address 860 United Nations Plaza Apt 15G	<b>Transaction ID:</b> 80714.C1182
	City State Zip Code New York NY 10017	Amount of Each Receipt this Period 250.00
	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: Sterne Agee Occupation: Investment Banker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Janet Berman	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 3055 Whitehaven Street, NW	<b>Transaction ID:</b> 80714.C1352
	City State Zip Code Washington DC 20008	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: homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Allen Bernstein	Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 400 Post Avenue, Suite 101	<b>Transaction ID:</b> 80714.C1210
	City State Zip Code Westbury NY 11590	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: Endeavor Restaurant Group, Inc Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Bialkin

Mailing Address 4 Times Sq

City State Zip Code  
New York NY 10036-6515

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

Name of Employer Skadden Arps      Occupation Partner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

**Transaction ID:** 80714.C1202

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)  
Elizabeth Billet

Mailing Address 8196 W 25th Street

City State Zip Code  
Los Angeles CA 90034

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

Name of Employer self      Occupation pediatric nurse

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	8

**Transaction ID:** 80714.C1361

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)  
Page Black

Mailing Address Premium Point

City State Zip Code  
New Rochelle NY 10801

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

Name of Employer      Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	8

**Transaction ID:** 80714.C1207

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

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

Mailing Address 3 Mountain Dr

City State Zip Code  
Lake George NY 12845-1103

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Village of Lake George Mayor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

**Transaction ID:** 80714.C1339

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)  
Andrew Blum

Mailing Address 320 E 57th St

City State Zip Code  
New York NY 10022-2948

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CE Unterberg Tobin Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

**Transaction ID:** 80714.C1190

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)  
Erin Bonano

Mailing Address 1356 Belmont Ave

City State Zip Code  
Schenectady NY 12308-2136

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
NYS OMIG staff

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	0	8

**Transaction ID:** 80714.C1178

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bond Schoeneck & King PLLC  
Mailing Address 111 Washington Ave  
City Fayetteville State NY Zip Code 13066  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 05 / 09 / 2008  
Transaction ID: 80714.C1371  
Amount of Each Receipt this Period 500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
NOTE: no itemization required

**B.** Full Name (Last, First, Middle Initial)  
Henry Buhl  
Mailing Address 114 Greene St Fl 5  
City New York State NY Zip Code 10012-3803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Buhl Foundation Social worker  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 06 / 06 / 2008  
Transaction ID: 80714.C1183  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James Buhrmaster  
Mailing Address 290 Vley Road  
City Schenectady State NY Zip Code 12302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Buhrmaster Energy Group President  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 500.00  
Date of Receipt 06 / 26 / 2008  
Transaction ID: 80714.C1293  
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) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 10 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Margaret Buhmaster  
Mailing Address 13 Stone Clover Dr  
City Saratoga Springs State NY Zip Code 12866-9600  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self employed Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 235.00  
Date of Receipt 06 / 26 / 2008  
Transaction ID: 80714.C1301  
Amount of Each Receipt this Period 100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Buley  
Mailing Address 32 Greystone Dr  
City Voorheesville State NY Zip Code 12186-9205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brown McMahan and Weinraub Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 04 / 10 / 2008  
Transaction ID: 80714.C1177  
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)  
Robert Bulman  
Mailing Address 15B Font Grove Rd  
City Slingerlands State NY Zip Code 12159-9606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clough Harbor Occupation Dir. of Business Development  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00  
Date of Receipt 04 / 19 / 2008  
Transaction ID: 80714.C1237  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Buttine  
 Mailing Address 20 East 35th Street Apt 2M  
 City State Zip Code  
 New York NY 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jack M Buttine Inc President  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 1 / 2 0 0 8  
**Transaction ID:** 80714.C1325  
 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)  
Anthony Casale  
 Mailing Address 11 Pioneer Street  
 City State Zip Code  
 Cooperstown NY 13326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self consultant  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 9 / 2 0 0 8  
**Transaction ID:** 80714.C1285  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Castle  
 Mailing Address 190 E 72nd Street #3A  
 City State Zip Code  
 New York NY 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Branford Chain, Inc. Manager  
 Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 3 / 2 0 0 8  
**Transaction ID:** 80714.C1284  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
John Castle

Mailing Address 150 E 58th Street, 29th Floor

City State Zip Code  
New York NY 10155

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

Name of Employer Occupation  
Branford Castle Inc Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: 80714.C1187

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)  
Marianne Castle

Mailing Address 1095 N. Ocean Blvd.

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2008

Transaction ID: 80714.C1383

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)  
Marianne Castle

Mailing Address 1095 N. Ocean Blvd.

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Occupation  
homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3300.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2008

Transaction ID: 80714.C1329

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4300.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bernadette Castro

Mailing Address 95 Forest Ave

City State Zip Code  
Locust Valley NY 11560-1723

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

Name of Employer Occupation  
LI Board of Parks Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2008

**Transaction ID:** 80714.C1356

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)  
Scott Clark

Mailing Address PO Box 423

City State Zip Code  
Delhi NY 13753

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

Name of Employer Occupation  
Clark Companies Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2008

**Transaction ID:** 80714.C1389

Amount of Each Receipt this Period  
2300.00

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

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

Mailing Address 42 West 24th Street

City State Zip Code  
New York NY 10010

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

Name of Employer Occupation  
Castle-Connolly LTD President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

**Transaction ID:** 80714.C1327

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) ..... ▶ **4300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bill Connors

Mailing Address 9005 Nomini Ln

City State Zip Code  
Alexandria VA 22309-2810

FEC ID number of contributing federal political committee. C

Name of Employer NBTA Occupation Association Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 04 / 23 / 2008

**Transaction ID:** 80714.C1232

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)  
Manus Cooney

Mailing Address 8801 Bel Air PI

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing federal political committee. C

Name of Employer NBTA Occupation Founder

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 23 / 2008

**Transaction ID:** 80714.C1229

Amount of Each Receipt this Period 250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
David Crikelair

Mailing Address 31 Swifts Lane

City State Zip Code  
Darien CT 06820

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation energy/real estate investments

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2008

**Transaction ID:** 80714.C1193

Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Paul Davis

Mailing Address 35 Old South Road

City State Zip Code  
West Sand Lake NY 12196

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

Name of Employer Occupation  
Ordway Research Institute Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2008

**Transaction ID:** 80714.C1305

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)  
Gavin Donohue

Mailing Address 7 Nottingham Way

City State Zip Code  
Cohoes NY 12047-4971

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

Name of Employer Occupation  
Ind. Power Producers of NY President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2008

**Transaction ID:** 80714.C1168

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Shane Downey

Mailing Address 929 Columbus Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
NBTA Government Relations

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2008

**Transaction ID:** 80714.C1230

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
John Drearie

Mailing Address 2181 Jamieson Ave 1903

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2008

Transaction ID: 80714.C1218

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)  
Bruce Gelb

Mailing Address 345 Park Ave Ste 3-1

City State Zip Code  
New York NY 10154-0004

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

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 09 / 2008

Transaction ID: 80714.C1254

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)  
Bruce Gelb

Mailing Address 345 Park Ave Ste 3-1

City State Zip Code  
New York NY 10154-0004

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

Name of Employer Occupation  
retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 18 / 2008

Transaction ID: 80714.C1200

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) ..... ▶

2000.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

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

Mailing Address 23 Rappaport Dr

City State Zip Code  
Lake George NY 12845-5137

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

Name of Employer Cool Insurance Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 415.62

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 4 / 2 0 0 8

**Transaction ID:** 80715.C1395

Amount of Each Receipt this Period  
315.62

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

**B.** Full Name (Last, First, Middle Initial)  
Michael Grasso

Mailing Address 23 Rappaport Dr

City State Zip Code  
Lake George NY 12845-5137

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

Name of Employer Cool Insurance Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 515.62

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 4 / 2 0 0 8

**Transaction ID:** 80714.C1335

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tod Grecni

Mailing Address PO Box 58

City State Zip Code  
Stuyvesant Falls NY 12174-0058

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

Name of Employer Capitol OTB Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 8

**Transaction ID:** 80714.C1262

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **665.62**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

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

Mailing Address 2430 Route 385

City State Zip Code  
Coxsackie NY 12051

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

Name of Employer Occupation  
Dynabil Industries CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3300.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2008

Transaction ID: 80714.C1295

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)  
Peter Guidarelli

Mailing Address 1153 Coplon Ave

City State Zip Code  
Schenectady NY 12309

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

Name of Employer Occupation  
Trans Tech Systems Inc. Sales

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2008

Transaction ID: 80714.C1354

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)  
Anthony Hall

Mailing Address PO Box 1426

City State Zip Code  
Bolton Landing NY 12814-1426

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

Name of Employer Occupation  
Lake George Mirror Publisher

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2008

Transaction ID: 80714.C1231

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Courtenay Hall  
Mailing Address 136 Route 4  
City Stillwater State NY Zip Code 12170  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Saratoga County Occupation Family Court Judge  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
99.00  
Date of Receipt 04 / 07 / 2008  
Transaction ID: 80714.C1275  
Amount of Each Receipt this Period 99.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Courtenay Hall  
Mailing Address 136 Route 4  
City Stillwater State NY Zip Code 12170  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Saratoga County Occupation Family Court Judge  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
599.00  
Date of Receipt 06 / 17 / 2008  
Transaction ID: 80714.C1331  
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)  
James Hart  
Mailing Address 37 Marion Ave  
City Albany State NY Zip Code 12203-1822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Morgan Stanley Occupation Sr. Vice President  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
250.00  
Date of Receipt 04 / 10 / 2008  
Transaction ID: 80714.C1169  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **849.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 20 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sally Ann Herrick  
Mailing Address PO Box 137  
City Stillwater State NY Zip Code 12170-0137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NYS Office of Child and Fam Se Occupation Manager  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00  
Date of Receipt 04 / 07 / 2008  
Transaction ID: 80714.C1271  
Amount of Each Receipt this Period 100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Scott Johnson  
Mailing Address 140 Caroline St  
City Saratoga Springs State NY Zip Code 12866-3437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Saratoga Springs Occupation Mayor  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2900.00  
Date of Receipt 04 / 07 / 2008  
Transaction ID: 80714.C1256  
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)  
Scott Johnson  
Mailing Address 140 Caroline St  
City Saratoga Springs State NY Zip Code 12866-3437  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Saratoga Springs Occupation Mayor  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2900.00  
Date of Receipt 04 / 07 / 2008  
Transaction ID: 80714.C1386  
Amount of Each Receipt this Period -600.00  
Redesignation FROM Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Scott Johnson  
 Mailing Address 140 Caroline St  
 City State Zip Code  
 Saratoga Springs NY 12866-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Saratoga Springs Mayor  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2900.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 7 / 2 0 0 8  
**Transaction ID:** 80714.C1387  
 Amount of Each Receipt this Period  
 600.00  
 Redesignation TO Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Wayne Johnston  
 Mailing Address 110 Elm St  
 City State Zip Code  
 Lake Placid NY 12946-1368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ruthies Run Owner  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 365.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 8 / 2 0 0 8  
**Transaction ID:** 80714.C1214  
 Amount of Each Receipt this Period  
 75.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jeremy Jones  
 Mailing Address 48 Pepper Ln  
 City State Zip Code  
 Saratoga Springs NY 12866-5526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 8  
**Transaction ID:** 80714.C1308  
 Amount of Each Receipt this Period  
 200.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 22 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Judson  
 Mailing Address PO Box 1010  
 City State Zip Code  
 Rochester NY 14603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Pike Company CEO  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 1500.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 1 / 2 0 0 8  
**Transaction ID:** 80714.C1261  
 Amount of Each Receipt this Period  
 1500.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Carolyn Keith  
 Mailing Address 116 Lee Rd  
 City State Zip Code  
 Garden City NY 11530-2520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 2250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 2 / 2 0 0 8  
**Transaction ID:** 80714.C1180  
 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)  
Robert King  
 Mailing Address 6227 E. Marilyn Rd  
 City State Zip Code  
 Scottsdale AZ 85254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 retired  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 350.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 8  
**Transaction ID:** 80714.C1252  
 Amount of Each Receipt this Period  
 350.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) George Klein</p> <p>Mailing Address 499 Park Avenue</p> <p>City State Zip Code New York NY 10022</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Park Tower Group CEO</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2008</span></p> <p><b>Transaction ID:</b> 80714.C1196</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Frederick Klingenstein</p> <p>Mailing Address 787 7th Ave Fl 6</p> <p>City State Zip Code New York NY 10019-6018</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Klingenstein, Fields, &amp; Co. Chairman</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2008</span></p> <p><b>Transaction ID:</b> 80714.C1201</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Steven Langman</p> <p>Mailing Address 1133 Fifth Ave #5</p> <p>City State Zip Code New York NY 10128</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Rhone Group M.D. and founder</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2008</span></p> <p><b>Transaction ID:</b> 80714.C1203</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mathew Lapinski

Mailing Address 1527 Church Street, NW  
Apt 1

City State Zip Code  
Washington DC 20005

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

Name of Employer  
Sonnenschein, Nath, & Ros-  
entha

Occupation  
Managing Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80714.C1353

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)  
James Leary

Mailing Address 22 Michael Dr

City State Zip Code  
Saratoga Springs NY 12866-5927

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

Name of Employer  
DA Collins

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 2 / 2 0 0 8

Transaction ID: 80714.C1337

Amount of Each Receipt this Period

250.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Donald Led Duke

Mailing Address PO Box 451

City State Zip Code  
Guilderland NY 12084

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

Name of Employer  
BBL

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80714.C1303

Amount of Each Receipt this Period

2300.00

Receipt

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

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

2800.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 122  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary Louise Led Duke

Mailing Address PO Box 451

City State Zip Code  
Guilderland NY 12084

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

Name of Employer Occupation  
homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: 80714.C1304

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Kathryn Lehman

Mailing Address 3106 Russel Rd

City State Zip Code  
Alexandria VA 22305

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

Name of Employer Occupation  
Holland & Knight LLP Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2008

Transaction ID: 80714.C1345

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)  
Dan Lufkin

Mailing Address 711 Fifth Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
self Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

Transaction ID: 80714.C1321

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) ..... ► **3300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Jonah Mandelbaum

Mailing Address 1 Crescent Ave

City State Zip Code  
Warwick NY 10990-1067

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
MJJ Builders developer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt  
05 / 06 / 2008

**Transaction ID:** 80714.C1228

Amount of Each Receipt this Period  
2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Alan Mann

Mailing Address 22 Clover Drive

City State Zip Code  
Great Neck NY 11024

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Aon Risk Services Executive Vice-President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
06 / 04 / 2008

**Transaction ID:** 80714.C1322

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)  
John Manning

Mailing Address PO Box 309

City State Zip Code  
Willsboro NY 12996-0309

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
self Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 215.00

Date of Receipt  
06 / 18 / 2008

**Transaction ID:** 80714.C1197

Amount of Each Receipt this Period  
75.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 3375.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sarah Marr  
 Mailing Address 419 Harborview Drive  
 City State Zip Code  
 Kemah TX 77565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation  
 self designer  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 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)  
Philip Marraccini  
 Mailing Address 7 Indian Trail  
 City State Zip Code  
 Harrison NY 10528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation  
 self physician/surgeon  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 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)  
Robert Martson  
 Mailing Address 485 Madison Ave  
 City State Zip Code  
 New York NY 10022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation  
 Robert Martson Associates CEO  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 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) ..... ► **1750.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 28 / 122</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth McCarthy</p> <p>Mailing Address 187 S Main Ave</p> <p>City Albany State NY Zip Code 12208-2411</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation retired</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> 80714.C1170</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td>250.00</td></tr> </table> </p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)             </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	8													
250.00																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) James McCarthy</p> <p>Mailing Address 100 Euclid Ave</p> <p>City Albany State NY Zip Code 12203-1812</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> 80714.C1176</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td>250.00</td></tr> </table> </p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)             </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	8													
250.00																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Justin McCarthy</p> <p>Mailing Address 5 Rosemont Street</p> <p>City Albany State NY Zip Code 12203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer NYS Senate Occupation</p> <p>Receipt For: 2008  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <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>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table> </p> <p><b>Transaction ID:</b> 80714.C1242</p> <p>Amount of Each Receipt this Period  <table border="1" style="width: 100%; text-align: center;"> <tr><td>300.00</td></tr> </table> </p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)             </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	8	300.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	8													
300.00																						

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">800.00</td></tr> </table>	800.00
800.00		
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
William McGahay  
Mailing Address 81 Wertman Ln  
City Albany State NY Zip Code 12211-2119  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Treadwell for Congress Occupation staff  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2550.00  
Date of Receipt 06 / 26 / 2008  
Transaction ID: 80714.C1309  
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)  
Barnabas McHenry  
Mailing Address 164 E 72nd St  
City New York State NY Zip Code 10021-4363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 06 / 02 / 2008  
Transaction ID: 80714.C1179  
Amount of Each Receipt this Period 400.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Meister  
Mailing Address 8 Souht Lake Trail  
City Palm Beach State FL Zip Code 33480  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Aon Risk Services Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 06 / 03 / 2008  
Transaction ID: 80714.C1320  
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) ..... ► 1650.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 122

(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)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Robert Miller

Mailing Address 8 Cardinal Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer  
Windsor Development Group

Occupation  
Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 26 / 2008

Transaction ID: 80714.C1388

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)  
James Joseph Moore

Mailing Address 84-43 150th Street

City State Zip Code  
Jamaica NY 11435

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

Name of Employer  
self

Occupation  
consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 11 / 2008

Transaction ID: 80714.C1226

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)  
Ryan Moore

Mailing Address 7 King Arthur Ct S

City State Zip Code  
Saratoga Springs NY 12866-6124

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

Name of Employer  
Treadwell for Congress

Occupation  
staff

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 19 / 2008

Transaction ID: 80714.C1330

Amount of Each Receipt this Period

250.00

Receipt

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

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

1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 122  
(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)  
Treadwell for Congress

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

Mailing Address PO Box 32

City Middle Grove State NY Zip Code 12850-0032

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

Name of Employer retired Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt 06 / 18 / 2008  
**Transaction ID:** 80714.C1318  
 Amount of Each Receipt this Period 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Peter Paine

Mailing Address 135 River Ln

City Willsboro State NY Zip Code 12996-3940

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

Name of Employer Champlain National Bank Occupation President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 06 / 18 / 2008  
**Transaction ID:** 80714.C1217  
 Amount of Each Receipt this Period 100.00

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

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

Mailing Address 194 Exchange Street

City Albany State NY Zip Code 12205

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

Name of Employer Capital OTB Occupation Internal Auditor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2008  
**Transaction ID:** 80714.C1258  
 Amount of Each Receipt this Period 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Chauncey Parker

Mailing Address 433 E 84th St

City State Zip Code  
New York NY 10028-6205

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

Name of Employer Occupation  
NY-NH HIAT Director

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2008

**Transaction ID:** 80714.C1165

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)  
Regina Parker

Mailing Address 17 Cardin Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation  
Treadwell for Congress staff

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2008

**Transaction ID:** 80714.C1332

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)  
Jeffrey Peek

Mailing Address 895 Park Ave PH C

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
CIT Group CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2008

**Transaction ID:** 80714.C1205

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) ..... ▶ **1250.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 122

(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)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Samuel Pitcherelle

Mailing Address 55 Harris Ave

City State Zip Code  
Mechanicville NY 12118-2532

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

Name of Employer Occupation  
Saratoga County County Treasurer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2008

Transaction ID: 80714.C1296

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)  
Robert Poulson

Mailing Address 28 Pioneer Street, Suite 301

City State Zip Code  
Cooperstown NY 13326

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

Name of Employer Occupation  
self Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2008

Transaction ID: 80714.C1219

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)  
Robert Poulson

Mailing Address 28 Pioneer Street, Suite 301

City State Zip Code  
Cooperstown NY 13326

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

Name of Employer Occupation  
self Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2008

Transaction ID: 80714.C1220

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Geraldine Purcell

Mailing Address 40 Louis Drive

City State Zip Code  
West Sand Lake NY 12196

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

Name of Employer Occupation  
NYS Senate staff

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2008

**Transaction ID:** 80714.C1238

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)  
John Purcell

Mailing Address 9 Euclid Ave

City State Zip Code  
Albany NY 12203

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 10 / 2008

**Transaction ID:** 80714.C1239

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)  
John Pyne

Mailing Address 580 Park Ave # 11D

City State Zip Code  
New York NY 10021-7313

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

Name of Employer Occupation  
Smith Barney investment advisor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2008

**Transaction ID:** 80714.C1312

Amount of Each Receipt this Period  
2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donald Quartel

Mailing Address 3220 Nebraska Ave NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing federal political committee. C

Name of Employer  
Freight Desk

Occupation  
Chairman and CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
05 / 05 / 2008

**Transaction ID:** 80714.C1222

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)  
Brian Reardon

Mailing Address 2300 Sanford Street

City State Zip Code  
Alexandria VA 22301

FEC ID number of contributing federal political committee. C

Name of Employer  
Venn Strategies

Occupation  
consultant

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
05 / 12 / 2008

**Transaction ID:** 80714.C1289

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ned Regan

Mailing Address One Bernard Baruch Way, Box 4-280

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. C

Name of Employer

Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
06 / 18 / 2008

**Transaction ID:** 80714.C1204

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 5px;"><b>750.00</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px;"> </span>

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

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

FOR LINE NUMBER: PAGE 36 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frank Richardson  
 Mailing Address 245 Park Ave  
 City State Zip Code  
 New York NY 10167-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self Occupation Investor  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 8 / 2 0 0 8  
**Transaction ID:** 80714.C1166  
 Amount of Each Receipt this Period  
 2300.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Anthony Salerno  
 Mailing Address 24 Lohmaier Lane  
 City State Zip Code  
 Lake Katrine NY 12449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Associates Occupation  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 3 0 / 2 0 0 8  
**Transaction ID:** 80714.C1286  
 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)  
Joseph Santarasci  
 Mailing Address 2210 Wyoming Ave, NW  
 City State Zip Code  
 Washington DC 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Whitney, Santarasci & Co Occupation Investment Banker  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 0 6 / 2 0 0 8  
**Transaction ID:** 80714.C1186  
 Amount of Each Receipt this Period  
 250.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3550.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 122  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

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

Mailing Address PO Box 181

City State Zip Code  
New Vernon NJ 07976

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

Name of Employer Occupation  
Mitsubishi AFJ Securities Banking

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2008

Transaction ID: 80714.C1185

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 Schwartz

Mailing Address 654 Madison Avenue

City State Zip Code  
New York NY 10065

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

Name of Employer Occupation  
Richard J. Schwartz Corp President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

Transaction ID: 80714.C1287

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)  
Andrew Sciocchetti

Mailing Address 2 Dunsbach Rd

City State Zip Code  
Clifton Park NY 12065-7927

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

Name of Employer Occupation  
AJS Masonry President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2008

Transaction ID: 80411.C1090

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) ..... ▶ **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 122

(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)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Mary Seidel

Mailing Address 8058 Glendale Rd

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
RAA Vice President

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 8

Transaction ID: 80714.C1310

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)  
Andrew Sidamon-Eristoff

Mailing Address 66 E 79th St Fl 8

City State Zip Code  
New York NY 10021-0244

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

Name of Employer Occupation  
USAID Business Climate Reform Tax Specialist

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 3300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 8

Transaction ID: 80714.C1393

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)  
Constantine Sidamon-Eristoff

Mailing Address 120 E End Ave Apt 12B

City State Zip Code  
New York NY 10028-7552

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

Name of Employer Occupation  
self Attorney

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Transaction ID: 80411.C1080

Amount of Each Receipt this Period

2300.00

Receipt

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

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

3800.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
John Signor  
Mailing Address PO Box 9430  
City Schenectady State NY Zip Code 12309-0430  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Capital OTB Occupation Vice President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
1000.00  
Date of Receipt 04 / 10 / 2008  
Transaction ID: 80714.C1172  
Amount of Each Receipt this Period 750.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John Simoni  
Mailing Address 2046 Maple Ave  
City Ballston Lake State NY Zip Code 12019-2805  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mohawk Office Products Occupation President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
750.00  
Date of Receipt 06 / 28 / 2008  
Transaction ID: 80714.C1306  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Edward Smith  
Mailing Address 275 Chestnut Ridge Rd  
City Queensbury State NY Zip Code 12804-7321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer retired Occupation  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General    Other (specify) ▼  
300.00  
Date of Receipt 06 / 26 / 2008  
Transaction ID: 80714.C1359  
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) ..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 40 / 122  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard Smith  
Mailing Address 127 Evergreen Ave  
City Rye State NY Zip Code 10580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Evergreen Capital Partners Occupation Merchant Banking  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00  
Date of Receipt 06 / 06 / 2008  
Transaction ID: 80714.C1188  
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)  
Scott Steinhardt  
Mailing Address 7014 Kevin Ln  
City Schenectady State NY Zip Code 12303-6002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt 04 / 09 / 2008  
Transaction ID: 80714.C1171  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Edward Swyer  
Mailing Address 10 Executive Park Dr  
City Albany State NY Zip Code 12203-3716  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Swyer Companies Occupation Real Estate Developer  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 06 / 24 / 2008  
Transaction ID: 80714.C1311  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 122  
(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)  
Treadwell for Congress

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

Mailing Address 32 Cheshire Way

City Albany State NY Zip Code 12211-2620

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

Name of Employer Tabner, Ryan, Kenny Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2008

Transaction ID: 80714.C1300

Amount of Each Receipt this Period  
200.00

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

**B.** Full Name (Last, First, Middle Initial)  
Zane Tankel

Mailing Address 550 Mamaroneck Ave

City Harrison State NY Zip Code 10528

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

Name of Employer Apple-Metro Inc Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

Transaction ID: 80714.C1323

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)  
Richard Thaler

Mailing Address 5 Leonard Rd

City Bronxville State NY Zip Code 10708

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

Name of Employer Deutsche Bank Occupation Investment Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2008

Transaction ID: 80714.C1282

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) ..... ► 2200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carl Tiedemann  
Mailing Address 535 Madison Avenue, 36th Floor  
City New York State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tiedemann Investment Group Occupation Chairman  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 250.00  
Transaction ID: 80714.C1199  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Raymond Tinkham  
Mailing Address 4781 NY 67  
City Hoosick Falls State NY Zip Code 12090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Capital OTB Occupation Facilities Director  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 250.00  
Transaction ID: 80714.C1175  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael Toohey  
Mailing Address 30 Longwood Dr  
City Saratoga Springs State NY Zip Code 12866-2822  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Snyder, Kiley, Toohey, Co-rbett Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Amount of Each Receipt this Period 1000.00  
Transaction ID: 80714.C1307  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 122

(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)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Remy Trafelet		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 590 Madison Avenue, 39th Floor		Transaction ID: 80714.C1281
	City New York	State NY	Zip Code 10022
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Trafelet and Company	Occupation Founder	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Walter Uccellini		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address PO Box 799		Transaction ID: 80714.C1302
	City Albany	State NY	Zip Code 12201
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
	Name of Employer United Group of Companies	Occupation Chairman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00
---	-------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Urstadt		Date of Receipt MM / DD / YYYY 06 / 18 / 2008
	Mailing Address 321 Railroad Ave		Transaction ID: 80714.C1206
	City Greenwich	State CT	Zip Code 06830-6389
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Urstadt Biddle Properties	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 122  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

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

Mailing Address 3153 21st ST N

City Arlington State VA Zip Code 22201

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

Name of Employer Monument Policy Group Occupation Partner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2008  
Transaction ID: 80714.C1233  
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)  
William Wasserbach

Mailing Address 5 N Maple Ln

City Albany State NY Zip Code 12211-1625

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

Name of Employer Norvest Financial Services Occupation Chief Financial Planner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2550.00

Date of Receipt: 04 / 09 / 2008  
Transaction ID: 80714.C1240  
Amount of Each Receipt this Period: 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Edwin Weibrecht

Mailing Address 77 Mirror Lake Dr

City Lake Placid State NY Zip Code 12946-3802

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

Name of Employer Mirror Lake Inn Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 04 / 03 / 2008  
Transaction ID: 80411.C1109  
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) ..... ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason Weingartner	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 20-64 46th Street	<b>Transaction ID:</b> 80714.C1364
	City Astoria State NY Zip Code 11105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer NY Republican County Comm Occupation Executive Director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Amelia Weir	Date of Receipt MM / DD / YYYY 06 / 06 / 2008
	Mailing Address 414 Loudonville Rd	<b>Transaction ID:</b> 80714.C1184
	City Albany State NY Zip Code 12211	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer JES Partners Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Candace Weir	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 414 Loudon Rd	<b>Transaction ID:</b> 80714.C1255
	City Albany State NY Zip Code 12211-1726	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer CL King and Assoc Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 122

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Justin Wender

Mailing Address 350 E 57th St 12B

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer  
Castle Harlan Inc

Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
06 / 03 / 2008

**Transaction ID:** 80714.C1283

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)  
Eileen West

Mailing Address 1524 28th St NW

City State Zip Code  
Washington DC 20007-3058

FEC ID number of contributing federal political committee. C

Name of Employer  
self

Occupation  
editor/writer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
06 / 25 / 2008

**Transaction ID:** 80714.C1297

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)  
Thomas Westle

Mailing Address 7 Bethpage Ct

City State Zip Code  
Cortlandt Manor NY 10569

FEC ID number of contributing federal political committee. C

Name of Employer  
Blank Rome

Occupation  
Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
05 / 08 / 2008

**Transaction ID:** 80714.C1288

Amount of Each Receipt this Period  
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Wetherbee  
Mailing Address 15 Somerset Dr  
City Glenmont State NY Zip Code 12077-3117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Glenmont Partners Occupation Managing Partners  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 04 / 10 / 2008  
Transaction ID: 80714.C1173  
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)  
George Weymouth  
Mailing Address 5714 Kennett Pike  
City Wilmington State DE Zip Code 19807  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Brandywine Conservancy Occupation Chairman  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 24 / 2008  
Transaction ID: 80714.C1299  
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)  
Michael Wilton  
Mailing Address 7 Turnberry Dr  
City Slingerlands State NY Zip Code 12159-9251  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Patricia Lynch Associates Occupation Associate  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 04 / 10 / 2008  
Transaction ID: 80714.C1174  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 48 / 122

(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
							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)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Henry Wojtaszek

Mailing Address 620 E. Goundry Street

City State Zip Code  
North Tonawanda NY 14120

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

Name of Employer Occupation  
Harris Beach Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: 80714.C1298

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)  
James Zirin

Mailing Address 770 Park Avenue

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Sidley Austin LLP lawyer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	8

Transaction ID: 80714.C1350

Amount of Each Receipt this Period

1000.00
---------

Receipt

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

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

2000.00
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**TOTAL** This Period (last page this line number only) .....

86714.62
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# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Society of Travel Agents PAC  
Mailing Address 1101 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00114108

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 8 / 2 0 0 8

**Transaction ID:** 80714.C1223

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)  
CAMPAC  
Mailing Address 5915 Eastman Ave Ste 100

City State Zip Code  
Midland MI 48640-6824

FEC ID number of contributing federal political committee. **C** C00350462

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 8

**Transaction ID:** 80714.C1317

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)  
COLE PAC  
Mailing Address 12176 Chancery Station Circle

City State Zip Code  
Reston VA 20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

**Transaction ID:** 80714.C1227

Amount of Each Receipt this Period  
2500.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Steve Ferradino  
Mailing Address PO Box 62  
City State Zip Code  
Ballston Spa NY 12020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
100.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 0 8  
Transaction ID: 80714.C1269  
Amount of Each Receipt this Period  
100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Growth & Prosperity PAC  
Mailing Address 831 Linwood Court  
City State Zip Code  
Birmingham AL 35222  
FEC ID number of contributing federal political committee. **C** C00388793  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 0 8  
Transaction ID: 80714.C1343  
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)  
LeHigh Cement PAC  
Mailing Address 7660 Imperial Way  
City State Zip Code  
Allentown PA 18195  
FEC ID number of contributing federal political committee. **C** C00224287  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
1000.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 8  
Transaction ID: 80714.C1316  
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) ..... ► **3600.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 51 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Assoc of Mutal Insurance Co. PAC

Mailing Address 3601 Vincennes Road  
PO Box 68700

City Indianapolis State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C** C00170258

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 06 / 04 / 2008  
**Transaction ID:** 80714.C1344  
 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)  
Natl Assoc. of Health Underwriters

Mailing Address PO Box 20865

City Indianapolis State IN Zip Code 46220-0865

FEC ID number of contributing federal political committee. **C** C00283135

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2008  
**Transaction ID:** 80714.C1346  
 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)  
National Business Travel Assoc PAC

Mailing Address 110 N Royal St Fl 4

City Alexandria State VA Zip Code 22314-3274

FEC ID number of contributing federal political committee. **C** C00373910

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 04 / 16 / 2008  
**Transaction ID:** 80714.C1234  
 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 122

(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)  
Treadwell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
NSSGA ROCK PAC

Mailing Address 1605 King Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

Transaction ID: 80714.C1260

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)  
Pepsico PAC

Mailing Address 700 Anderson Hill Rd

City State Zip Code  
Purchase NY 10577-1401

FEC ID number of contributing federal political committee. **C** C00039321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 8

Transaction ID: 80714.C1224

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)  
Republican Majority for Choice

Mailing Address 1660 L St NW

City State Zip Code  
Washington DC 20036-5603

FEC ID number of contributing federal political committee. **C** C00346635

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Transaction ID: 80714.C1278

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) ..... ▶

4500.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 122  
(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)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Republican Majority for Choice  
Mailing Address 1660 L St NW  
City Washington State DC Zip Code 20036-5603  
FEC ID number of contributing federal political committee. **C** C00346635  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8  
Transaction ID: 80714.C1192  
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)  
Walsh for Congress Committee  
Mailing Address 4969 Horizon Terrace  
City Syracuse State NY Zip Code 13215  
FEC ID number of contributing federal political committee. **C** C00225623  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 0 8  
Transaction ID: 80714.C1259  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	18600.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 122  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Clifton Park Republican Committee

Mailing Address PO Box 56

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 8

Transaction ID: 80714.C1195

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	250.00

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

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

FOR LINE NUMBER: PAGE 55 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sandy Treadwell  
Mailing Address PO Box 349  
City Lake Placid State NY Zip Code 12946-0349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 949339.61  
Date of Receipt 04 / 23 / 2008  
Transaction ID: 80714.C1378  
Amount of Each Receipt this Period 579.58  
In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
travel expense

**B.** Full Name (Last, First, Middle Initial)  
Sandy Treadwell  
Mailing Address PO Box 349  
City Lake Placid State NY Zip Code 12946-0349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 949727.77  
Date of Receipt 06 / 11 / 2008  
Transaction ID: 80714.C1347  
Amount of Each Receipt this Period 388.16  
In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
travel expense

**C.** Full Name (Last, First, Middle Initial)  
Sandy Treadwell  
Mailing Address PO Box 349  
City Lake Placid State NY Zip Code 12946-0349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1849727.77  
Date of Receipt 06 / 30 / 2008  
Transaction ID: 80714.C1294  
Amount of Each Receipt this Period 900000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900967.74  
**TOTAL** This Period (last page this line number only) ..... ► 900967.74

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 122  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Adirondack Trust Company  
Mailing Address 473 Broadway

City State Zip Code  
Saratoga Springs NY 12866-2203

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
742.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 8

**Transaction ID:** 80714.C1382

Amount of Each Receipt this Period  
742.35

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

**B.** Full Name (Last, First, Middle Initial)  
Adirondack Trust Company  
Mailing Address 473 Broadway

City State Zip Code  
Saratoga Springs NY 12866-2203

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1707.85

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 0 / 2 0 0 8

**Transaction ID:** 80714.C1381

Amount of Each Receipt this Period  
965.50

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

**C.** Full Name (Last, First, Middle Initial)  
Adirondack Trust Company  
Mailing Address 473 Broadway

City State Zip Code  
Saratoga Springs NY 12866-2203

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2162.23

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 8

**Transaction ID:** 80714.C1380

Amount of Each Receipt this Period  
454.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2162.23**

**TOTAL** This Period (last page this line number only) ..... ► **2162.23**



# 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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Eric Amidon	Transaction ID: 80714.E654 Date of Disbursement 05 / 30 / 2008
	Mailing Address PO Box 50	Amount of Each Disbursement this Period 1307.48
	City Clifton Park State NY Zip Code 12065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Eric Amidon	Transaction ID: 80714.E660 Date of Disbursement 06 / 13 / 2008
	Mailing Address PO Box 50	Amount of Each Disbursement this Period 1307.48
	City Clifton Park State NY Zip Code 12065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Eric Amidon	Transaction ID: 80714.E671 Date of Disbursement 06 / 27 / 2008
	Mailing Address PO Box 50	Amount of Each Disbursement this Period 1307.48
	City Clifton Park State NY Zip Code 12065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3922.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
campaign manager software

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E573  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

Amount of Each Disbursement this Period

1800.00
---------

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

CAMPAIGN MANAGER SOFTWARE

B.

Full Name (Last, First, Middle Initial)  
Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
credit card processing fees

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E764  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

Amount of Each Disbursement this Period

939.00
--------

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

CREDIT CARD PROCESSING FEES

C.

Full Name (Last, First, Middle Initial)  
Cathy Blaney and Assoc

Mailing Address 150 Broadway Rm 1011

City New York State NY Zip Code 10038-4392

Purpose of Disbursement  
fundraising consulting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E582  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	8

Amount of Each Disbursement this Period

5000.00
---------

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

FUNDRAISING CONSULTING

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

7739.00
---------

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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Cathy Blaney and Assoc	Transaction ID: 80714.E551 Date of Disbursement 05 / 22 / 2008
	Mailing Address 150 Broadway Rm 1011	Amount of Each Disbursement this Period 5000.00
	City New York State NY Zip Code 10038-4392	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting 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) ▼
		FUNDRAISING CONSULTING

B.	Full Name (Last, First, Middle Initial) Sharon Borgos	Transaction ID: 80714.E607 Date of Disbursement 06 / 12 / 2008
	Mailing Address 17 Pinewood Ave	Amount of Each Disbursement this Period 2500.00
	City Queensbury State NY Zip Code 12804-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement wages 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) ▼
		WAGES

C.	Full Name (Last, First, Middle Initial) Brigar Xpress Solutions Inc	Transaction ID: 80714.E569 Date of Disbursement 04 / 01 / 2008
	Mailing Address 5 Sand Creek Rd	Amount of Each Disbursement this Period 1998.89
	City Albany State NY Zip Code 12205-1400	<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
	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) ▼
		PRINTING

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	9498.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Brigar Xpress Solutions Inc <hr/> Mailing Address 5 Sand Creek Rd <hr/> City Albany State NY Zip Code 12205-1400 <hr/> Purpose of Disbursement printing Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E559 Date of Disbursement 04 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 1115.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Brigar Xpress Solutions Inc <hr/> Mailing Address 5 Sand Creek Rd <hr/> City Albany State NY Zip Code 12205-1400 <hr/> Purpose of Disbursement printing Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E532 Date of Disbursement 05 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 12800.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
<b>C.</b>	Full Name (Last, First, Middle Initial) Business Products Co <hr/> Mailing Address PO Box 427 1763 Rt 9 <hr/> City Clifton Park State NY Zip Code 12065- <hr/> Purpose of Disbursement copier fees Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E522 Date of Disbursement 06 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 90.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COPIER FEES

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

14006.82

**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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Business Products Co Mailing Address PO Box 427 1763 Rt 9 City Clifton Park State NY Zip Code 12065- Purpose of Disbursement copier fees 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) ▼	Transaction ID: 80714.E523 Date of Disbursement 06 / 17 / 2008
	Amount of Each Disbursement this Period 159.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>COPIER FEES</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Campaign Solutions Mailing Address 118 N Saint Asaph St City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement email service and web hosting 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) ▼	Transaction ID: 80714.E570 Date of Disbursement 04 / 01 / 2008
	Amount of Each Disbursement this Period 708.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>EMAIL SERVICE AND WEB HOSTING</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Campaign Solutions Mailing Address 118 N Saint Asaph St City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement web hosting 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) ▼	Transaction ID: 80714.E557 Date of Disbursement 04 / 16 / 2008
	Amount of Each Disbursement this Period 215.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>WEB HOSTING</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1083.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Campaign Solutions

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement  
email services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E595  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

896.67

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

EMAIL SERVICES

B.

Full Name (Last, First, Middle Initial)  
CDPHP

Mailing Address 500 Patroon Creek Blvd

City Albany State NY Zip Code 12206-

Purpose of Disbursement  
health insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E600  
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

339.91

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

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)  
Columbia Co. Republican Comm

Mailing Address PO Box 1067

City Hudson State NY Zip Code 12534-

Purpose of Disbursement  
event sponsorship

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E598  
Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

500.00

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

EVENT SPONSORSHIP

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

1736.58

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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Peter Constantakes	Transaction ID: 80714.E628 Date of Disbursement 04 / 04 / 2008
	Mailing Address 91 Dove St	Amount of Each Disbursement this Period 2188.86
	City Albany State NY Zip Code 12210-1703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Peter Constantakes	Transaction ID: 80714.E634 Date of Disbursement 04 / 18 / 2008
	Mailing Address 91 Dove St	Amount of Each Disbursement this Period 2188.86
	City Albany State NY Zip Code 12210-1703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Peter Constantakes	Transaction ID: 80714.E640 Date of Disbursement 05 / 02 / 2008
	Mailing Address 91 Dove St	Amount of Each Disbursement this Period 2188.86
	City Albany State NY Zip Code 12210-1703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6566.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Peter Constantakes	Transaction ID: 80714.E646 Date of Disbursement 05 / 16 / 2008
	Mailing Address 91 Dove St	Amount of Each Disbursement this Period 2188.86
	City Albany State NY Zip Code 12210-1703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Peter Constantakes	Transaction ID: 80714.E656 Date of Disbursement 05 / 30 / 2008
	Mailing Address 91 Dove St	Amount of Each Disbursement this Period 2188.86
	City Albany State NY Zip Code 12210-1703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Peter Constantakes	Transaction ID: 80714.E666 Date of Disbursement 06 / 13 / 2008
	Mailing Address 91 Dove St	Amount of Each Disbursement this Period 2188.86
	City Albany State NY Zip Code 12210-1703	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6566.58
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Peter Constantakes

Transaction ID: 80714.E678  
Date of Disbursement

Mailing Address 91 Dove St

/   /

City Albany State NY Zip Code 12210-1703

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL

State: District:

B.

Full Name (Last, First, Middle Initial)  
Shamrock Advisors LLC

Transaction ID: 80714.E586  
Date of Disbursement

Mailing Address 3106 Russell Rd

/   /

City Alexandria State VA Zip Code 22305-1720

Amount of Each Disbursement this Period

Purpose of Disbursement  
fundraising consulting

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

FUNDRAISING CONSULTING

State: District:

C.

Full Name (Last, First, Middle Initial)  
Lester Cooper

Transaction ID: 80714.E554  
Date of Disbursement

Mailing Address 3539 South Utah Street

/   /

City Arlington State VA Zip Code 22206-

Amount of Each Disbursement this Period

Purpose of Disbursement  
research fee

Candidate Name

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

RESEARCH FEE

State: District:

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)

<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)  
Treadwell for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) DMM Media LLC</p> <p>Mailing Address 1023 31st St NW Fl 4 4th Floor</p> <p>City Washington State DC Zip Code 20007-4458</p> <p>Purpose of Disbursement media consulting</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><b>Transaction ID:</b> 80714.E567</p> <p>Date of Disbursement 04 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA CONSULTING</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) DMM Media LLC</p> <p>Mailing Address 1023 31st St NW Fl 4 4th Floor</p> <p>City Washington State DC Zip Code 20007-4458</p> <p>Purpose of Disbursement media consulting</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><b>Transaction ID:</b> 80714.E563</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA CONSULTING</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) DMM Media LLC</p> <p>Mailing Address 1023 31st St NW Fl 4 4th Floor</p> <p>City Washington State DC Zip Code 20007-4458</p> <p>Purpose of Disbursement media consulting</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><b>Transaction ID:</b> 80714.E517</p> <p>Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA CONSULTING</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>22500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) DMM Media LLC</p> <p>Mailing Address 1023 31st St NW Fl 4 4th Floor</p> <p>City Washington State DC Zip Code 20007-4458</p> <p>Purpose of Disbursement media consulting</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><b>Transaction ID:</b> 80714.E541</p> <p>Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 7500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>MEDIA CONSULTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) E-Chx Inc.</p> <p>Mailing Address Suite, 200, 200 Canal View Blvd</p> <p>City Rochester State NY Zip Code 14623-</p> <p>Purpose of Disbursement payroll taxes</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><b>Transaction ID:</b> 80714.E623</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 5219.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL TAXES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) E-Chx Inc.</p> <p>Mailing Address Suite, 200, 200 Canal View Blvd</p> <p>City Rochester State NY Zip Code 14623-</p> <p>Purpose of Disbursement payroll processing fees</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><b>Transaction ID:</b> 80714.E624</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 43.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PAYROLL PROCESSING FEES</b></p>

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

12763.54

**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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) E-Chx Inc.	Transaction ID: 80714.E629 Date of Disbursement 04 / 18 / 2008
	Mailing Address Suite, 200, 200 Canal View Blvd	Amount of Each Disbursement this Period 5219.76
	City Rochester State NY Zip Code 14623-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) E-Chx Inc.	Transaction ID: 80714.E630 Date of Disbursement 04 / 18 / 2008
	Mailing Address Suite, 200, 200 Canal View Blvd	Amount of Each Disbursement this Period 37.55
	City Rochester State NY Zip Code 14623-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll processing fees 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) ▼
		PAYROLL PROCESSING FEES

C.	Full Name (Last, First, Middle Initial) E-Chx Inc.	Transaction ID: 80714.E635 Date of Disbursement 05 / 02 / 2008
	Mailing Address Suite, 200, 200 Canal View Blvd	Amount of Each Disbursement this Period 5219.76
	City Rochester State NY Zip Code 14623-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	10477.07
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) E-Chx Inc.			Transaction ID: 80714.E636	
	Mailing Address Suite, 200, 200 Canal View Blvd			Date of Disbursement 05 / 02 / 2008	
	City Rochester	State NY	Zip Code 14623-	Amount of Each Disbursement this Period 37.55	
	Purpose of Disbursement payroll processing fees		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		PAYROLL PROCESSING FEES			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

B.	Full Name (Last, First, Middle Initial) E-Chx Inc.			Transaction ID: 80714.E641	
	Mailing Address Suite, 200, 200 Canal View Blvd			Date of Disbursement 05 / 16 / 2008	
	City Rochester	State NY	Zip Code 14623-	Amount of Each Disbursement this Period 5387.04	
	Purpose of Disbursement payroll taxes		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		PAYROLL TAXES			
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:	

C.	Full Name (Last, First, Middle Initial) E-Chx Inc.			Transaction ID: 80714.E642	
	Mailing Address Suite, 200, 200 Canal View Blvd			Date of Disbursement 05 / 16 / 2008	
	City Rochester	State NY	Zip Code 14623-	Amount of Each Disbursement this Period 43.86	
	Purpose of Disbursement payroll processing fees		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		PAYROLL PROCESSING FEES			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5468.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) E-Chx Inc.	Transaction ID: 80714.E648 Date of Disbursement 05 / 30 / 2008
	Mailing Address Suite, 200, 200 Canal View Blvd	Amount of Each Disbursement this Period 6926.17
	City Rochester State NY Zip Code 14623-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) E-Chx Inc.	Transaction ID: 80714.E649 Date of Disbursement 05 / 30 / 2008
	Mailing Address Suite, 200, 200 Canal View Blvd	Amount of Each Disbursement this Period 54.72
	City Rochester State NY Zip Code 14623-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll processing fees 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) ▼
		PAYROLL PROCESSING FEES

C.	Full Name (Last, First, Middle Initial) E-Chx Inc.	Transaction ID: 80714.E658 Date of Disbursement 06 / 13 / 2008
	Mailing Address Suite, 200, 200 Canal View Blvd	Amount of Each Disbursement this Period 7512.89
	City Rochester State NY Zip Code 14623-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>14493.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
E-Chx Inc.

Transaction ID: 80714.E659  
Date of Disbursement

Mailing Address Suite, 200, 200 Canal View Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

City Rochester State NY Zip Code 14623-

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll processing fees

53.97
-------

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL PROCESSING FEES

State: District:

B.

Full Name (Last, First, Middle Initial)  
E-Chx Inc.

Transaction ID: 80714.E669  
Date of Disbursement

Mailing Address Suite, 200, 200 Canal View Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

City Rochester State NY Zip Code 14623-

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll taxes

7466.63
---------

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL TAXES

State: District:

C.

Full Name (Last, First, Middle Initial)  
E-Chx Inc.

Transaction ID: 80714.E670  
Date of Disbursement

Mailing Address Suite, 200, 200 Canal View Blvd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

City Rochester State NY Zip Code 14623-

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll processing fees

49.97
-------

Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL PROCESSING FEES

State: District:

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

7570.57
---------

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

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# 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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) EDonation	Transaction ID: 80714.E763 Date of Disbursement 04 / 01 / 2008
	Mailing Address 118 N Saint Asaph St	Amount of Each Disbursement this Period 323.00
	City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online contribution processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	ONLINE CONTRIBUTION PROCESSING FEE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) EDonation	Transaction ID: 80714.E762 Date of Disbursement 06 / 30 / 2008
	Mailing Address 118 N Saint Asaph St	Amount of Each Disbursement this Period 387.60
	City Alexandria State VA Zip Code 22314-3110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement online contribution processing fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	ONLINE CONTRIBUTION PROCESSING FEE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Nicholas Faso	Transaction ID: 80714.E668 Date of Disbursement 06 / 13 / 2008
	Mailing Address 14 Sylvester St PO Box 474	Amount of Each Disbursement this Period 1058.79
	City Kinderhook State NY Zip Code 12106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1769.39
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Nicholas Faso	Transaction ID: 80714.E691 Date of Disbursement 06 / 17 / 2008
	Mailing Address 14 Sylvester St PO Box 474	Amount of Each Disbursement this Period 335.32
	City Kinderhook State NY Zip Code 12106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement travel expense 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) ▼
		TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) Nicholas Faso	Transaction ID: 80714.E672 Date of Disbursement 06 / 27 / 2008
	Mailing Address 14 Sylvester St PO Box 474	Amount of Each Disbursement this Period 1058.79
	City Kinderhook State NY Zip Code 12106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) First Tuesday in November	Transaction ID: 80714.E510 Date of Disbursement 04 / 21 / 2008
	Mailing Address 325 E Jimmie Leeds Rd	Amount of Each Disbursement this Period 1256.00
	City Galloway State NJ Zip Code 08205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement laptop rental 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) ▼
		LAPTOP RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2650.11
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Gideon Putnam

Mailing Address 24 Gideon Putnam Rd

City State Zip Code  
Saratoga Springs NY 12866-6218

Purpose of Disbursement  
facility rental catering lodging  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80714.E712  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	8

Amount of Each Disbursement this Period

2012.27
---------

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

FACILITY RENTAL CATERING LODGING

B.

Full Name (Last, First, Middle Initial)  
Gracecom Communications

Mailing Address 14 Corporate Drive

City State Zip Code  
Clifton Park NY 12065-

Purpose of Disbursement  
phone system  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80714.E545  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	0	8

Amount of Each Disbursement this Period

800.00
--------

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

PHONE SYSTEM

C.

Full Name (Last, First, Middle Initial)  
Michael Grasso

Mailing Address 23 Rappaport Dr

City State Zip Code  
Lake George NY 12845-5137

Purpose of Disbursement  
event catering  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80715.C1395IK  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	8

Amount of Each Disbursement this Period

315.62
--------

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

IN KIND: EVENT CATERING

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

3127.89
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TOTAL This Period (last page this line number only) .....

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**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)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) John Haggerty <hr/> Mailing Address 115 Greenway North <hr/> City Forest Hills State NY Zip Code 11375- <hr/> Purpose of Disbursement petition consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E596 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PETITION CONSULTING
<b>B.</b>	Full Name (Last, First, Middle Initial) Melissa Hasan <hr/> Mailing Address 434 Watervliet Shaker Rd <hr/> City Latham State NY Zip Code 12110-4619 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E625 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1821.91 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL
<b>C.</b>	Full Name (Last, First, Middle Initial) Melissa Hasan <hr/> Mailing Address 434 Watervliet Shaker Rd <hr/> City Latham State NY Zip Code 12110-4619 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E631 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1821.91 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6143.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E604 Date of Disbursement 04 / 28 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 75.00
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement event ticket 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) ▼
		EVENT TICKET

B.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E637 Date of Disbursement 05 / 02 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 1821.91
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E643 Date of Disbursement 05 / 16 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 1821.91
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3718.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E693 Date of Disbursement 05 / 17 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 1115.42
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage and mailing supplies 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) ▼
		POSTAGE AND MAILING SUPPLIES

B.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E650 Date of Disbursement 05 / 30 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 1821.91
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E661 Date of Disbursement 06 / 13 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 1821.91
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4759.24
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E520 Date of Disbursement 06 / 20 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 351.21
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage/labels 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) ▼
		POSTAGE/LABELS

B.	Full Name (Last, First, Middle Initial) Melissa Hasan	Transaction ID: 80714.E673 Date of Disbursement 06 / 27 / 2008
	Mailing Address 434 Watervliet Shaker Rd	Amount of Each Disbursement this Period 1821.91
	City Latham State NY Zip Code 12110-4619	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Herbert L Jamison & Co	Transaction ID: 80714.E515 Date of Disbursement 04 / 30 / 2008
	Mailing Address 100 Executive Dr	Amount of Each Disbursement this Period 346.69
	City West Orange State NJ Zip Code 07052-3371	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 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) ▼
		INSURANCE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2519.81
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Holtzman Vogel LLC

Transaction ID: 80714.E574  
Date of Disbursement

Mailing Address 98 Alexandria Pike Ste 53  
Suite 53

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

City Warrenton State VA Zip Code 20186-2849

Amount of Each Disbursement this Period

6	0	1	0	0
---	---	---	---	---

Purpose of Disbursement  
legal consulting

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

LEGAL CONSULTING

State: District:

B.

Full Name (Last, First, Middle Initial)  
Holtzman Vogel LLC

Transaction ID: 80714.E580  
Date of Disbursement

Mailing Address 98 Alexandria Pike Ste 53  
Suite 53

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Warrenton State VA Zip Code 20186-2849

Amount of Each Disbursement this Period

3	0	0	2	6	0
---	---	---	---	---	---

Purpose of Disbursement  
legal consulting

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

LEGAL CONSULTING

State: District:

C.

Full Name (Last, First, Middle Initial)  
Holtzman Vogel LLC

Transaction ID: 80714.E562  
Date of Disbursement

Mailing Address 98 Alexandria Pike Ste 53  
Suite 53

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

City Warrenton State VA Zip Code 20186-2849

Amount of Each Disbursement this Period

6	2	5	4	8	5
---	---	---	---	---	---

Purpose of Disbursement  
legal consulting

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

LEGAL CONSULTING

State: District:

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

1	5	2	6	7	4	5
---	---	---	---	---	---	---

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

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# 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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Holtzman Vogel LLC

Transaction ID: 80714.E514  
Date of Disbursement

Mailing Address 98 Alexandria Pike Ste 53  
Suite 53

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

City Warrenton State VA Zip Code 20186-2849

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
legal consulting  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

LEGAL CONSULTING

B.

Full Name (Last, First, Middle Initial)  
Huckaby Davis Lisker

Transaction ID: 80714.E592  
Date of Disbursement

Mailing Address 228 S Washington St Ste 115  
Suite 115

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	8

City Alexandria State VA Zip Code 22314-5404

Amount of Each Disbursement this Period

1509.82
---------

Purpose of Disbursement  
FEC Compliance Consulting  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

FEC COMPLIANCE CONSULTING

C.

Full Name (Last, First, Middle Initial)  
JC Promotions

Transaction ID: 80714.E511  
Date of Disbursement

Mailing Address 9219 US Hwy 42 Ste D-288

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	8

City Prospect State KY Zip Code 40059-

Amount of Each Disbursement this Period

4577.00
---------

Purpose of Disbursement  
lawn signs  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

LAWN SIGNS

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

9086.82
---------

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

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# 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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) LexisNexis		Transaction ID: 80714.E572	
	Mailing Address PO Box 933		Date of Disbursement 04 / 01 / 2008	
	City Dayton	State OH	Zip Code 45401-0933	Amount of Each Disbursement this Period 321.00
	Purpose of Disbursement subscription		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		SUBSCRIPTION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

B.	Full Name (Last, First, Middle Initial) LexisNexis		Transaction ID: 80714.E558	
	Mailing Address PO Box 933		Date of Disbursement 04 / 16 / 2008	
	City Dayton	State OH	Zip Code 45401-0933	Amount of Each Disbursement this Period 321.00
	Purpose of Disbursement subscription		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		SUBSCRIPTION		
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:				

C.	Full Name (Last, First, Middle Initial) LexisNexis		Transaction ID: 80714.E593	
	Mailing Address PO Box 933		Date of Disbursement 05 / 19 / 2008	
	City Dayton	State OH	Zip Code 45401-0933	Amount of Each Disbursement this Period 321.00
	Purpose of Disbursement subscription		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		SUBSCRIPTION		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	963.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Magellan Data and Mapping

Mailing Address 1685 Boxelder St, Suite 300

City Louisville State CO Zip Code 80027-

Purpose of Disbursement  
maps

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E512  
Date of Disbursement

04 / 21 / 2008

Amount of Each Disbursement this Period

1070.00

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

MAPS

B.

Full Name (Last, First, Middle Initial)  
Magellan Data and Mapping

Mailing Address 1685 Boxelder St, Suite 300

City Louisville State CO Zip Code 80027-

Purpose of Disbursement  
maps

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E555  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

1100.00

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

MAPS

C.

Full Name (Last, First, Middle Initial)  
William McGahay

Mailing Address 81 Wertman Ln

City Albany State NY Zip Code 12211-2119

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E626  
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

2929.41

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

5099.41

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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
William McGahay

Mailing Address 81 Wertman Ln

City Albany State NY Zip Code 12211-2119

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E632  
Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

2929.41

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

PAYROLL

B.

Full Name (Last, First, Middle Initial)  
William McGahay

Mailing Address 81 Wertman Ln

City Albany State NY Zip Code 12211-2119

Purpose of Disbursement  
COBRA insurance reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E589  
Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1758.76

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

COBRA INSURANCE REIMBURSEMENT

C.

Full Name (Last, First, Middle Initial)  
William McGahay

Mailing Address 81 Wertman Ln

City Albany State NY Zip Code 12211-2119

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E638  
Date of Disbursement

05 / 02 / 2008

Amount of Each Disbursement this Period

2929.41

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

7617.58

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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) William McGahay	Transaction ID: 80714.E644 Date of Disbursement 05 / 16 / 2008
	Mailing Address 81 Wertman Ln	Amount of Each Disbursement this Period 2929.41
	City Albany State NY Zip Code 12211-2119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) William McGahay	Transaction ID: 80714.E536 Date of Disbursement 05 / 24 / 2008
	Mailing Address 81 Wertman Ln	Amount of Each Disbursement this Period 524.24
	City Albany State NY Zip Code 12211-2119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement reimbursement: fedex and travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	REIMBURSEMENT: FEDEX AND TRAVEL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) William McGahay	Transaction ID: 80714.E651 Date of Disbursement 05 / 30 / 2008
	Mailing Address 81 Wertman Ln	Amount of Each Disbursement this Period 2929.41
	City Albany State NY Zip Code 12211-2119	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6383.06
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) William McGahay <hr/> Mailing Address 81 Wertman Ln <hr/> City Albany State NY Zip Code 12211-2119 <hr/> Purpose of Disbursement COBRA reimbursement Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E535 Date of Disbursement 06 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 3780.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COBRA REIMBURSEMENT
B.	Full Name (Last, First, Middle Initial) William McGahay <hr/> Mailing Address 81 Wertman Ln <hr/> City Albany State NY Zip Code 12211-2119 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E662 Date of Disbursement 06 / 13 / 2008 <hr/> Amount of Each Disbursement this Period 2929.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
C.	Full Name (Last, First, Middle Initial) William McGahay <hr/> Mailing Address 81 Wertman Ln <hr/> City Albany State NY Zip Code 12211-2119 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E674 Date of Disbursement 06 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 2929.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9639.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Erin McTiernan	Transaction ID: 80714.E655 Date of Disbursement 05 / 30 / 2008
	Mailing Address PO Box 50	Amount of Each Disbursement this Period 1307.48
	City Clifton Park State NY Zip Code 12065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Erin McTiernan	Transaction ID: 80714.E663 Date of Disbursement 06 / 13 / 2008
	Mailing Address PO Box 50	Amount of Each Disbursement this Period 1307.48
	City Clifton Park State NY Zip Code 12065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Erin McTiernan	Transaction ID: 80714.E675 Date of Disbursement 06 / 27 / 2008
	Mailing Address PO Box 50	Amount of Each Disbursement this Period 1307.48
	City Clifton Park State NY Zip Code 12065-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3922.44
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Ryan Moore

Transaction ID: 80714.E579  
Date of Disbursement

Mailing Address 7 King Arthur Ct S

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	8

City State Zip Code  
Saratoga Springs NY 12866-6124

Amount of Each Disbursement this Period

273.72
--------

Purpose of Disbursement  
phone reimbursement  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

PHONE REIMBURSEMENT

B.

Full Name (Last, First, Middle Initial)  
Ryan Moore

Transaction ID: 80714.E627  
Date of Disbursement

Mailing Address 7 King Arthur Ct S

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	8

City State Zip Code  
Saratoga Springs NY 12866-6124

Amount of Each Disbursement this Period

1705.57
---------

Purpose of Disbursement  
payroll  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

PAYROLL

C.

Full Name (Last, First, Middle Initial)  
Ryan Moore

Transaction ID: 80714.E560  
Date of Disbursement

Mailing Address 7 King Arthur Ct S

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City State Zip Code  
Saratoga Springs NY 12866-6124

Amount of Each Disbursement this Period

1743.84
---------

Purpose of Disbursement  
reimbursement for insurance COBRA  
Candidate Name

Category/ Type
-------------------

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

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

REIMBURSEMENT FOR INSURANCE COBRA

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

3723.13
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TOTAL This Period (last page this line number only) .....

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**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)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan Moore <hr/> Mailing Address 7 King Arthur Ct S <hr/> City State Zip Code Saratoga Springs NY 12866-6124 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E633 Date of Disbursement 04 / 18 / 2008 <hr/> Amount of Each Disbursement this Period 1705.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
<b>B.</b>	Full Name (Last, First, Middle Initial) Ryan Moore <hr/> Mailing Address 7 King Arthur Ct S <hr/> City State Zip Code Saratoga Springs NY 12866-6124 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E639 Date of Disbursement 05 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 1705.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
<b>C.</b>	Full Name (Last, First, Middle Initial) Ryan Moore <hr/> Mailing Address 7 King Arthur Ct S <hr/> City State Zip Code Saratoga Springs NY 12866-6124 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E645 Date of Disbursement 05 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 1705.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5116.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Ryan Moore

Transaction ID: 80714.E552  
Date of Disbursement

Mailing Address 7 King Arthur Ct S

City State Zip Code  
Saratoga Springs NY 12866-6124

Amount of Each Disbursement this Period

Purpose of Disbursement  
reimbursement for insurance COBRA  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

REIMBURSEMENT FOR INSURANCE COBRA

B.

Full Name (Last, First, Middle Initial)  
Ryan Moore

Transaction ID: 80714.E652  
Date of Disbursement

Mailing Address 7 King Arthur Ct S

City State Zip Code  
Saratoga Springs NY 12866-6124

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL

C.

Full Name (Last, First, Middle Initial)  
Ryan Moore

Transaction ID: 80714.E664  
Date of Disbursement

Mailing Address 7 King Arthur Ct S

City State Zip Code  
Saratoga Springs NY 12866-6124

Amount of Each Disbursement this Period

Purpose of Disbursement  
payroll  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

PAYROLL

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)

<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)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan Moore <hr/> Mailing Address 7 King Arthur Ct S <hr/> City State Zip Code Saratoga Springs NY 12866-6124 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E676 Date of Disbursement 06 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 1705.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>PAYROLL</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) National Grid <hr/> Mailing Address 300 Erie Blvd. West <hr/> City State Zip Code Syracuse NY 13202- <hr/> Purpose of Disbursement gas service deposit Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E694 Date of Disbursement 06 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS SERVICE DEPOSIT</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) National Grid <hr/> Mailing Address 300 Erie Blvd. West <hr/> City State Zip Code Syracuse NY 13202- <hr/> Purpose of Disbursement gas service deposit Candidate Name <hr/> 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) ▼	Transaction ID: 80714.E695 Date of Disbursement 06 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 851.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GAS SERVICE DEPOSIT</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2832.42</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Northland Communications

Mailing Address 9650 Main St

City State Zip Code  
Holland Patent NY 13354-

Purpose of Disbursement  
phone system  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E524  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

PHONE SYSTEM

B.

Full Name (Last, First, Middle Initial)  
Jackie Paratore

Mailing Address 194 Exchange St

City State Zip Code  
Albany NY 12205-3212

Purpose of Disbursement  
payroll  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E657  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

PAYROLL

C.

Full Name (Last, First, Middle Initial)  
Jackie Paratore

Mailing Address 194 Exchange St

City State Zip Code  
Albany NY 12205-3212

Purpose of Disbursement  
reimbursement travel  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E537  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

REIMBURSEMENT TRAVEL

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)

<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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Jackie Paratore

Mailing Address 194 Exchange St

City Albany State NY Zip Code 12205-3212

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E667  
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

1386.00

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

PAYROLL

B.

Full Name (Last, First, Middle Initial)  
Jackie Paratore

Mailing Address 194 Exchange St

City Albany State NY Zip Code 12205-3212

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E679  
Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1253.00

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

PAYROLL

C.

Full Name (Last, First, Middle Initial)  
Regina Parker

Mailing Address 17 Cardin Drive

City Clifton Park State NY Zip Code 12065-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E647  
Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

619.38

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

3258.38

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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Regina Parker

Mailing Address 17 Cardin Drive

City Clifton Park State NY Zip Code 12065-

Purpose of Disbursement  
event food and decorations

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E550  
Date of Disbursement

05 / 27 / 2008

Amount of Each Disbursement this Period

292.58

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

EVENT FOOD AND DECORATIONS

B.

Full Name (Last, First, Middle Initial)  
Regina Parker

Mailing Address 17 Cardin Drive

City Clifton Park State NY Zip Code 12065-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E653  
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

1135.42

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

PAYROLL

C.

Full Name (Last, First, Middle Initial)  
Regina Parker

Mailing Address 17 Cardin Drive

City Clifton Park State NY Zip Code 12065-

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E665  
Date of Disbursement

06 / 13 / 2008

Amount of Each Disbursement this Period

1283.47

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

PAYROLL

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

2711.47

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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Regina Parker Mailing Address 17 Cardin Drive City Clifton Park State NY Zip Code 12065- Purpose of Disbursement payroll 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) ▼	Transaction ID: 80714.E677 Date of Disbursement 06 / 27 / 2008 Amount of Each Disbursement this Period 1205.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B.	Full Name (Last, First, Middle Initial) Brian Parrott Mailing Address 45D Boston Rd City Sutton State MA Zip Code 01590-3861 Purpose of Disbursement research fee 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) ▼	Transaction ID: 80714.E564 Date of Disbursement 04 / 03 / 2008 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RESEARCH FEE
C.	Full Name (Last, First, Middle Initial) Brian Parrott Mailing Address 45D Boston Rd City Sutton State MA Zip Code 01590-3861 Purpose of Disbursement research fee 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) ▼	Transaction ID: 80714.E540 Date of Disbursement 06 / 06 / 2008 Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RESEARCH FEE

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

3455.92

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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Excel Marketing Co.

Mailing Address 595 New Loudon Rd # 211

City Latham State NY Zip Code 12110-4026

Purpose of Disbursement  
website consulting

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E692  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1250.00

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

WEBSITE CONSULTING

B.

Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 245 Washington St

City Saratoga Springs State NY Zip Code 12866-9998

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E575  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

175.00

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

POSTAGE

C.

Full Name (Last, First, Middle Initial)  
Roohan Realty

Mailing Address 519 Broadway

City Saratoga Springs State NY Zip Code 12866-2208

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80714.E568  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1116.25

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

RENT

SUBTOTAL of Disbursements This Page (optional) ▶

2541.25

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)

<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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Roohan Realty

Transaction ID: 80714.E519  
Date of Disbursement

Mailing Address 519 Broadway

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

City State Zip Code  
Saratoga Springs NY 12866-2208

Amount of Each Disbursement this Period

1116.25
---------

Purpose of Disbursement  
rent

Category/ Type
-------------------

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

Candidate Name

RENT

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Roohan Realty

Transaction ID: 80714.E543  
Date of Disbursement

Mailing Address 519 Broadway

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

City State Zip Code  
Saratoga Springs NY 12866-2208

Amount of Each Disbursement this Period

1116.87
---------

Purpose of Disbursement  
rent

Category/ Type
-------------------

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

Candidate Name

RENT

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Saratoga Womens Republican Club

Transaction ID: 80714.E561  
Date of Disbursement

Mailing Address 77 Van Dam Street

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City State Zip Code  
Saratoga Springs NY 12866-

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
journal ad

Category/ Type
-------------------

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

Candidate Name

JOURNAL AD

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

2533.12
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TOTAL This Period (last page this line number only) .....

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# 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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Serroukas & Vanikiotis

Mailing Address 4290 Albany Post Road

City State Zip Code  
Hyde Park NY 12538-

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E531  
Date of Disbursement

06 / 15 / 2008

Amount of Each Disbursement this Period

1200.00

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

RENT

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address PROCESSING CENTER

City State Zip Code  
Des Moines IA 50364-0001

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E571  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

159.00

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

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address PROCESSING CENTER

City State Zip Code  
Des Moines IA 50364-0001

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E556  
Date of Disbursement

04 / 16 / 2008

Amount of Each Disbursement this Period

342.14

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

OFFICE SUPPLIES

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

1701.14

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)

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 80714.E591 Date of Disbursement 05 / 19 / 2008
	Mailing Address PROCESSING CENTER	Amount of Each Disbursement this Period 74.13
	City Des Moines State IA Zip Code 50364-0001	<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
	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) ▼
		OFFICE SUPPLIES

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 80714.E530 Date of Disbursement 06 / 17 / 2008
	Mailing Address PROCESSING CENTER	Amount of Each Disbursement this Period 956.00
	City Des Moines State IA Zip Code 50364-0001	<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
	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) ▼
		OFFICE SUPPLIES

C.	Full Name (Last, First, Middle Initial) Strategic Media Services	Transaction ID: 80714.E548 Date of Disbursement 05 / 30 / 2008
	Mailing Address 3299 K St NW Ste 200	Amount of Each Disbursement this Period 74219.20
	City Washington State DC Zip Code 20007-4415	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media 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) ▼
		MEDIA

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>75249.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Strategic Media Services	Transaction ID: 80714.E538 Date of Disbursement 06 / 04 / 2008
	Mailing Address 3299 K St NW Ste 200	Amount of Each Disbursement this Period 74602.35
	City Washington State DC Zip Code 20007-4415	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEDIA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Strategic Media Services	Transaction ID: 80714.E527 Date of Disbursement 06 / 12 / 2008
	Mailing Address 3299 K St NW Ste 200	Amount of Each Disbursement this Period 75674.20
	City Washington State DC Zip Code 20007-4415	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEDIA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Strategic Media Services	Transaction ID: 80714.E526 Date of Disbursement 06 / 19 / 2008
	Mailing Address 3299 K St NW Ste 200	Amount of Each Disbursement this Period 81154.70
	City Washington State DC Zip Code 20007-4415	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	MEDIA
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	231431.25
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Bruce Tanski

Transaction ID: 80714.E581  
Date of Disbursement

Mailing Address 1 Meyer Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Clifton Park State NY Zip Code 12065-2404

Amount of Each Disbursement this Period

3561.00
---------

Purpose of Disbursement  
rent

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

RENT

State: District:

B.

Full Name (Last, First, Middle Initial)  
Bruce Tanski

Transaction ID: 80714.E518  
Date of Disbursement

Mailing Address 1 Meyer Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	0	8

City Clifton Park State NY Zip Code 12065-2404

Amount of Each Disbursement this Period

3561.00
---------

Purpose of Disbursement  
Rent

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

RENT

State: District:

C.

Full Name (Last, First, Middle Initial)  
Bruce Tanski

Transaction ID: 80714.E542  
Date of Disbursement

Mailing Address 1 Meyer Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

City Clifton Park State NY Zip Code 12065-2404

Amount of Each Disbursement this Period

3561.00
---------

Purpose of Disbursement  
rent

Category/ Type
-------------------

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

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

RENT

State: District:

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

10683.00
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TOTAL This Period (last page this line number only) .....

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**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)  
Treadwell for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Targeted Creative Communications, Inc <hr/> Mailing Address 106 S Columbus St <hr/> City Alexandria State VA Zip Code 22314-3036 <hr/> Purpose of Disbursement microtargeting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E583 Date of Disbursement 04 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>MICROTARGETING</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) The Tarrance Group <hr/> Mailing Address 201 N Union St Ste 410 <hr/> City Alexandria State VA Zip Code 22314-2649 <hr/> Purpose of Disbursement travel expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E594 Date of Disbursement 05 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 802.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>TRAVEL EXPENSE</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) The Catalyst Group <hr/> Mailing Address 1115 Massachusetts Ave NW <hr/> City Washington State DC Zip Code 20005-4604 <hr/> Purpose of Disbursement fundraising consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E565 Date of Disbursement 04 / 02 / 2008 <hr/> Amount of Each Disbursement this Period 2775.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>FUNDRAISING CONSULTING</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13577.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) The Catalyst Group	Transaction ID: 80714.E516 Date of Disbursement 05 / 01 / 2008
	Mailing Address 1115 Massachusetts Ave NW	Amount of Each Disbursement this Period 2611.13
	City Washington State DC Zip Code 20005-4604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting 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) ▼
		FUNDRAISING CONSULTING

B.	Full Name (Last, First, Middle Initial) The Catalyst Group	Transaction ID: 80714.E544 Date of Disbursement 06 / 02 / 2008
	Mailing Address 1115 Massachusetts Ave NW	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005-4604	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fundraising consulting 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) ▼
		FUNDRAISING CONSULTING

C.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: 80714.E566 Date of Disbursement 04 / 01 / 2008
	Mailing Address 1201 Highbridge Rd	Amount of Each Disbursement this Period 185.84
	City Schenectady State NY Zip Code 12303-2529	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement cable 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) ▼
		CABLE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5296.97
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Time Warner Cable  Mailing Address 1201 Highbridge Rd  City Schenectady State NY Zip Code 12303-2529 Purpose of Disbursement cable bill 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) ▼	Transaction ID: 80714.E585 Date of Disbursement 04 / 25 / 2008  Amount of Each Disbursement this Period 165.94  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CABLE BILL
B.	Full Name (Last, First, Middle Initial) Time Warner Cable  Mailing Address 1201 Highbridge Rd  City Schenectady State NY Zip Code 12303-2529 Purpose of Disbursement cable 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) ▼	Transaction ID: 80714.E525 Date of Disbursement 06 / 02 / 2008  Amount of Each Disbursement this Period 494.56  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CABLE
C.	Full Name (Last, First, Middle Initial) Sandy Treadwell  Mailing Address PO Box 349  City Lake Placid State NY Zip Code 12946-0349 Purpose of Disbursement travel expense 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) ▼	Transaction ID: 80714.C1378IK Date of Disbursement 04 / 23 / 2008  Amount of Each Disbursement this Period 579.58  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  IN KIND: TRAVEL EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1240.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 122

<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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Sandy Treadwell

Transaction ID: 80714.C1347IK  
Date of Disbursement

Mailing Address PO Box 349

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

City State Zip Code  
Lake Placid NY 12946-0349

Amount of Each Disbursement this Period

388.16
--------

Purpose of Disbursement  
travel expense

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

IN KIND: TRAVEL EXPENSE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Uninsured Employers Fund

Transaction ID: 80714.E606  
Date of Disbursement

Mailing Address Finance Unit, Room 301  
20 Park Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

City State Zip Code  
Albany NY 12207-

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
insurance

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

INSURANCE

State: District:

C.

Full Name (Last, First, Middle Initial)  
Upgrade Films

Transaction ID: 80714.E547  
Date of Disbursement

Mailing Address 3299 K St NW Ste 200  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	8

City State Zip Code  
Washington DC 20007-4415

Amount of Each Disbursement this Period

28655.00
----------

Purpose of Disbursement  
media production costs

--

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

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

MEDIA PRODUCTION COSTS

State: District:

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

30043.16
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TOTAL This Period (last page this line number only) .....

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# 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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Upgrade Films  Mailing Address 3299 K St NW Ste 200 Suite 200  City Washington State DC Zip Code 20007-4415  Purpose of Disbursement media production 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) ▼	Transaction ID: 80714.E534 Date of Disbursement 06 / 06 / 2008  Amount of Each Disbursement this Period 11000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA PRODUCTION
B.	Full Name (Last, First, Middle Initial) Upgrade Films  Mailing Address 3299 K St NW Ste 200 Suite 200  City Washington State DC Zip Code 20007-4415  Purpose of Disbursement media production 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) ▼	Transaction ID: 80714.E533 Date of Disbursement 06 / 06 / 2008  Amount of Each Disbursement this Period 9000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEDIA PRODUCTION
C.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 9000  City Annapolis State MD Zip Code 21401-9000  Purpose of Disbursement phone bill 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) ▼	Transaction ID: 80714.E578 Date of Disbursement 04 / 01 / 2008  Amount of Each Disbursement this Period 404.79  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE BILL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20404.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 9000  City Annapolis State MD Zip Code 21401-9000  Purpose of Disbursement phone bill 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) ▼	Transaction ID: 80714.E506 Date of Disbursement 04 / 16 / 2008  Amount of Each Disbursement this Period 1247.54  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE BILL
B.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO Box 17120  City Tucson State AZ Zip Code 85731-7120  Purpose of Disbursement phone bill 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) ▼	Transaction ID: 80714.E576 Date of Disbursement 04 / 01 / 2008  Amount of Each Disbursement this Period 191.98  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE BILL
C.	Full Name (Last, First, Middle Initial) Verizon Wireless  Mailing Address PO Box 17120  City Tucson State AZ Zip Code 85731-7120  Purpose of Disbursement phone bill 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) ▼	Transaction ID: 80714.E577 Date of Disbursement 04 / 01 / 2008  Amount of Each Disbursement this Period 187.49  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE BILL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1627.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E507
	Mailing Address PO Box 17120	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Tucson State AZ Zip Code 85731-7120	Amount of Each Disbursement this Period 322.91
	Purpose of Disbursement phone bill 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE BILL

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E584
	Mailing Address PO Box 17120	Date of Disbursement MM / DD / YYYY 04 / 25 / 2008
	City Tucson State AZ Zip Code 85731-7120	Amount of Each Disbursement this Period 191.19
	Purpose of Disbursement phone bill 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE BILL

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E587
	Mailing Address PO Box 17120	Date of Disbursement MM / DD / YYYY 04 / 28 / 2008
	City Tucson State AZ Zip Code 85731-7120	Amount of Each Disbursement this Period 326.87
	Purpose of Disbursement phone bill 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE BILL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>840.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 122

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E588 Date of Disbursement 04 / 30 / 2008
	Mailing Address PO Box 17120	Amount of Each Disbursement this Period 387.39
	City Tucson State AZ Zip Code 85731-7120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement phone bill	Category/Type
	Candidate Name	PHONE BILL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E590 Date of Disbursement 05 / 08 / 2008
	Mailing Address PO Box 17120	Amount of Each Disbursement this Period 394.51
	City Tucson State AZ Zip Code 85731-7120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement phone bill	Category/Type
	Candidate Name	PHONE BILL
	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80714.E553 Date of Disbursement 05 / 21 / 2008
	Mailing Address PO Box 17120	Amount of Each Disbursement this Period 321.88
	City Tucson State AZ Zip Code 85731-7120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement phone bill	Category/Type
	Candidate Name	PHONE BILL
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1103.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 30495 City Tampa State FL Zip Code 33630-3495 Purpose of Disbursement see below 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) ▼	Transaction ID: 80714.E614 Date of Disbursement 04 / 01 / 2008
	Amount of Each Disbursement this Period 1617.12
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	SEE BELOW

<b>B.</b> Full Name (Last, First, Middle Initial) Best Buy Mailing Address 3062 Route 50 City Saratoga Springs State NY Zip Code 12866-2906 Purpose of Disbursement computers 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) ▼	Transaction ID: 80714.E616 Date of Disbursement 04 / 01 / 2008
	Amount of Each Disbursement this Period 1082.79
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: COMPUTERS

<b>C.</b> Full Name (Last, First, Middle Initial) FedEx Kinkos Mailing Address 21 Congress St City Saratoga Springs State NY Zip Code 12866-4122 Purpose of Disbursement fedex 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) ▼	Transaction ID: 80714.E618 Date of Disbursement 04 / 01 / 2008
	Amount of Each Disbursement this Period 5.33
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	<b>[MEMO ITEM]</b> MEMO: FEDEX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1617.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 30495

City Tampa State FL Zip Code 33630-3495

Purpose of Disbursement  
see below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E608  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1596.84

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

SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 60 Massachusetts Ave NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
train tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E610  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

196.00

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

[MEMO ITEM]

MEMO: TRAIN TICKETS

C.

Full Name (Last, First, Middle Initial)  
FedEx Kinkos

Mailing Address 21 Congress St

City Saratoga Springs State NY Zip Code 12866-4122

Purpose of Disbursement  
fedex

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E613  
Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

22.34

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

[MEMO ITEM]

MEMO: FEDEX

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

1596.84

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)

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: 80714.E612 Date of Disbursement 04 / 01 / 2008
	Mailing Address PO Box 36647-1CR	Amount of Each Disbursement this Period 360.00
	City Dallas State TX Zip Code 75235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement airline tickets	<b>[MEMO ITEM]</b> MEMO: AIRLINE TICKETS
	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) ▼

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: 80714.E609 Date of Disbursement 04 / 01 / 2008
	Mailing Address 4000 E Sky Harbor Blvd	Amount of Each Disbursement this Period 1008.50
	City Phoenix State AZ Zip Code 85034-3802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement airline tickets	<b>[MEMO ITEM]</b> MEMO: AIRLINE TICKETS
	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) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 80714.E713 Date of Disbursement 04 / 18 / 2008
	Mailing Address PO Box 30495	Amount of Each Disbursement this Period 3708.02
	City Tampa State FL Zip Code 33630-3495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see below	<b>SEE BELOW</b>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3708.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80715.E770 Date of Disbursement 04 / 18 / 2008
	Mailing Address 21 Congress St	Amount of Each Disbursement this Period 46.22
	City State Zip Code Saratoga Springs NY 12866-4122	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fedex	<b>[MEMO ITEM]</b> MEMO: FEDEX
	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) ▼

B.	Full Name (Last, First, Middle Initial) Longfellows	Transaction ID: 80714.E714 Date of Disbursement 04 / 18 / 2008
	Mailing Address 500 Union Ave	Amount of Each Disbursement this Period 3338.84
	City State Zip Code Saratoga Springs NY 12866-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement event catering	<b>[MEMO ITEM]</b> MEMO: EVENT CATERING
	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) ▼

C.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 80714.E715 Date of Disbursement 04 / 18 / 2008
	Mailing Address 245 Washington St	Amount of Each Disbursement this Period 164.00
	City State Zip Code Saratoga Springs NY 12866-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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) ▼

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



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

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

FOR LINE NUMBER: (check only one)

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 80714.E696 Date of Disbursement 05 / 02 / 2008
	Mailing Address PO Box 30495	Amount of Each Disbursement this Period 1009.36
	City Tampa State FL Zip Code 33630-3495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see below	SEE BELOW
	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) ▼

B.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80714.E702 Date of Disbursement 05 / 02 / 2008
	Mailing Address 21 Congress St	Amount of Each Disbursement this Period 11.56
	City Saratoga Springs State NY Zip Code 12866-4122	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gas	<b>[MEMO ITEM]</b> MEMO: GAS
	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) ▼

C.	Full Name (Last, First, Middle Initial) FedEx Kinkos	Transaction ID: 80714.E697 Date of Disbursement 05 / 02 / 2008
	Mailing Address 21 Congress St	Amount of Each Disbursement this Period 51.36
	City Saratoga Springs State NY Zip Code 12866-4122	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement fedex	<b>[MEMO ITEM]</b> MEMO: FEDEX
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1009.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Holiday Inn	Transaction ID: 80714.E707
	Mailing Address 232 Broadway	Date of Disbursement 05 / 02 / 2008
	City Saratoga Springs State NY Zip Code 12866-4253	Amount of Each Disbursement this Period 113.75
	Purpose of Disbursement travel expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> 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) ▼
		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 80714.E706
	Mailing Address 245 Washington St	Date of Disbursement 05 / 02 / 2008
	City Saratoga Springs State NY Zip Code 12866-9998	Amount of Each Disbursement this Period 6.76
	Purpose of Disbursement postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> 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) ▼
		<b>[MEMO ITEM]</b> MEMO: POSTAGE

C.	Full Name (Last, First, Middle Initial) UHaul	Transaction ID: 80714.E710
	Mailing Address 836 Washington Street	Date of Disbursement 05 / 02 / 2008
	City Peekskill State NY Zip Code 10566-	Amount of Each Disbursement this Period 306.11
	Purpose of Disbursement truck rental	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	<input type="checkbox"/> 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) ▼
		<b>[MEMO ITEM]</b> MEMO: TRUCK RENTAL

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 80714.E717 Date of Disbursement 05 / 16 / 2008
	Mailing Address PO Box 30495	Amount of Each Disbursement this Period 4704.54
	City Tampa State FL Zip Code 33630-3495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement see below	SEE BELOW
	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) ▼

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: 80714.E735 Date of Disbursement 05 / 16 / 2008
	Mailing Address 60 Massachusetts Ave NE	Amount of Each Disbursement this Period 37.00
	City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement train ticket	[MEMO ITEM] MEMO: TRAIN TICKET
	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) ▼

C.	Full Name (Last, First, Middle Initial) Brindis	Transaction ID: 80714.E720 Date of Disbursement 05 / 16 / 2008
	Mailing Address 390 Broadway	Amount of Each Disbursement this Period 1920.88
	City Saratoga Springs State NY Zip Code 12866-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement event catering	[MEMO ITEM] MEMO: EVENT CATERING
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4704.54
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Desmond	Transaction ID: 80714.E723 Date of Disbursement 05 / 16 / 2008
	Mailing Address 660 Albany Shaker Road	Amount of Each Disbursement this Period 330.95
	City Albany State NY Zip Code 12211- Purpose of Disbursement travel expense 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) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

B.	Full Name (Last, First, Middle Initial) Gideon Putnam	Transaction ID: 80714.E722 Date of Disbursement 05 / 16 / 2008
	Mailing Address 24 Gideon Putnam Rd	Amount of Each Disbursement this Period 296.75
	City Saratoga Springs State NY Zip Code 12866-6218 Purpose of Disbursement travel expense 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) ▼	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80714.E731 Date of Disbursement 05 / 16 / 2008
	Mailing Address 54 Crossing Blvd	Amount of Each Disbursement this Period 1086.71
	City Clifton Park State NY Zip Code 12065- Purpose of Disbursement computer 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) ▼	<b>[MEMO ITEM]</b> MEMO: COMPUTER

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 80714.E727 Date of Disbursement 05 / 16 / 2008
	Mailing Address 245 Washington St	Amount of Each Disbursement this Period 131.50
	City Saratoga Springs State NY Zip Code 12866-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement postage	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 80714.E719 Date of Disbursement 05 / 16 / 2008
	Mailing Address PROCESSING CENTER	Amount of Each Disbursement this Period 17.12
	City Des Moines State IA Zip Code 50364-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	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) ▼

C.	Full Name (Last, First, Middle Initial) Sunoco Service Station	Transaction ID: 80714.E724 Date of Disbursement 05 / 16 / 2008
	Mailing Address 521 Broadway	Amount of Each Disbursement this Period 58.17
	City Saratoga Springs State NY Zip Code 12866-2208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement gas	<b>[MEMO ITEM]</b> MEMO: GAS
	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) ▼

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 80714.E718 Date of Disbursement 05 / 16 / 2008
	Mailing Address PO Box 30495	Amount of Each Disbursement this Period 10.00
	City Tampa State FL Zip Code 33630-3495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: BANK FEE
	Purpose of Disbursement bank fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 80714.E738 Date of Disbursement 05 / 19 / 2008
	Mailing Address PO Box 30495	Amount of Each Disbursement this Period 4610.28
	City Tampa State FL Zip Code 33630-3495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
	Purpose of Disbursement see below 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) ▼

C.	Full Name (Last, First, Middle Initial) Best Buy	Transaction ID: 80714.E745 Date of Disbursement 05 / 19 / 2008
	Mailing Address 3062 Route 50	Amount of Each Disbursement this Period 1491.59
	City Saratoga Springs State NY Zip Code 12866-2906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: COMPUTER AND PRINTER
	Purpose of Disbursement computer and printer Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4610.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
FedEx Kinkos

Mailing Address 21 Congress St

City State Zip Code  
Saratoga Springs NY 12866-4122

Purpose of Disbursement  
printing and fedex  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80714.E747  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

568.94

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

[MEMO ITEM]

MEMO: PRINTING AND FEDEX

B.

Full Name (Last, First, Middle Initial)  
Guitar Center

Mailing Address 145 Wolf Road

City State Zip Code  
Albany NY 12205-

Purpose of Disbursement  
sound equipment for press event  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80714.E749  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

204.07

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

[MEMO ITEM]

MEMO: SOUND EQUIPMENT FOR PRESS EVENT

C.

Full Name (Last, First, Middle Initial)  
Office Max

Mailing Address 54 Crossing Blvd

City State Zip Code  
Clifton Park NY 12065-

Purpose of Disbursement  
office supplies  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80714.E753  
Date of Disbursement

05 / 19 / 2008

Amount of Each Disbursement this Period

128.37

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: 80714.E752 Date of Disbursement 05 / 19 / 2008
	Mailing Address 245 Washington St	Amount of Each Disbursement this Period 252.00
	City Saratoga Springs State NY Zip Code 12866-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
	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) ▼

B.	Full Name (Last, First, Middle Initial) Sunoco Service Station	Transaction ID: 80714.E746 Date of Disbursement 05 / 19 / 2008
	Mailing Address 521 Broadway	Amount of Each Disbursement this Period 74.58
	City Saratoga Springs State NY Zip Code 12866-2208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: GAS
	Purpose of Disbursement gas 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) ▼

C.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: 80714.E758 Date of Disbursement 06 / 24 / 2008
	Mailing Address PO Box 30495	Amount of Each Disbursement this Period 3119.00
	City Tampa State FL Zip Code 33630-3495	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
	Purpose of Disbursement see below Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3119.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Club 101

Mailing Address 101 Park Ave

City State Zip Code  
New York NY 10178-

Purpose of Disbursement  
event catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E759  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

2454.04
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT CATERING

B.

Full Name (Last, First, Middle Initial)  
TJs Place

Mailing Address 124 Main Street

City State Zip Code  
Cooperstown NY 13326-

Purpose of Disbursement  
event catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E761  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	8

Amount of Each Disbursement this Period

480.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT CATERING

C.

Full Name (Last, First, Middle Initial)  
Warren Co. Republican Comm

Mailing Address 23 Rapaport Drive

City State Zip Code  
Lake George NY 12845-

Purpose of Disbursement  
journal ad sponsor

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E603  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

Amount of Each Disbursement this Period

500.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

JOURNAL AD SPONSOR

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

500.00
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TOTAL This Period (last page this line number only) ..... ▶

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**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)  
Treadwell for Congress

A.

Full Name (Last, First, Middle Initial)  
Widewaters Company

Mailing Address 5786 Widewaters Pkwy  
PO Box 3

City Syracuse State NY Zip Code 13214-

Purpose of Disbursement  
rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E602  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

Amount of Each Disbursement this Period

1500.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT

B.

Full Name (Last, First, Middle Initial)  
Zim Realty and Development

Mailing Address 959 Route 9

City Queensbury State NY Zip Code 12804-

Purpose of Disbursement  
deposit and rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80714.E605  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	8

Amount of Each Disbursement this Period

2985.00
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DEPOSIT AND RENT

SUBTOTAL of Disbursements This Page (optional) ..... ►

4485.00
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TOTAL This Period (last page this line number only) ..... ►

672747.38
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