

# 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

Kuhl for Congress

ADDRESS (number and street) **10 Gansevoort St.**

Check if different than previously reported. (ACC)

Bath NY 14810

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C00388173

3. **IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

NY 29

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    through

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 Sharon A. Gunsolus

Signature of Treasurer Electronically Filed by Sharon A. Gunsolus Date

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

Kuhl for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

|                                                                                                                   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>                                                                    |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....                                              | 191852.00               | 277114.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....                                                          | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 191852.00               | 277114.00                          |
| <b>7. Net Operating Expenditures</b>                                                                              |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....                                                           | 201073.24               | 213023.88                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                                | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                        | 201073.24               | 213023.88                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 63840.12                |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0.00                    |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0.00                    |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Kuhl for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 4 |

**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).....

101213.00

160263.00

(ii) Unitemized.....

29739.00

40153.00

(iii) TOTAL of contributions

130952.00

200416.00

from individuals..... ▶

1000.00

2250.00

(b) Political Party Committees.....

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

59900.00

74448.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

191852.00

277114.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING  
EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

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

191852.00

277114.00

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>                                                     | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 201073.24                             | 213023.88                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:                                                         |                                       |                                            |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....                                                  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                                       |                                            |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 0.00                                       |
| (b) Political Party Committees.....                                          | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 0.00                                       |
| 21. OTHER DISBURSEMENTS.....                                                 | 0.00                                  | 250.00                                     |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 201073.24                             | 213273.88                                  |

**III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 73061.36  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 191852.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 264913.36 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 201073.24 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 63840.12  |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 112                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                       |                                               |                                                                                                                                                 |  |
|-----------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Maureen Ackerman</b> |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 1 / 2 0 0 4                                                                                   |  |
| Mailing Address 10503A North Road                                     |                                               | Transaction ID: 0827200440C5078                                                                                                                 |  |
| City State Zip Code<br>Corning NY 14830                               | Amount of Each Receipt this Period<br>1000.00 |                                                                                                                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                        |  |
| Name of Employer<br>Homemaker                                         | Occupation<br>Information Requested           | Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Election Cycle-to-Date ▼<br>1000.00                                   |                                               |                                                                                                                                                 |  |

|                                                                       |                                              |                                                                                                                                                 |  |
|-----------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Richard Andolina</b> |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 3 / 2 0 0 4                                                                                   |  |
| Mailing Address 24 Meadowbrook Dr<br>PO Box 16                        |                                              | Transaction ID: 0827200440C4993                                                                                                                 |  |
| City State Zip Code<br>Arkport NY 14807                               | Amount of Each Receipt this Period<br>500.00 |                                                                                                                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                        |  |
| Name of Employer<br>Self-Employed                                     | Occupation<br>Dentist                        | Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Election Cycle-to-Date ▼<br>700.00                                    |                                              |                                                                                                                                                 |  |

|                                                                       |                                             |                                                                                                                                                 |  |
|-----------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Richard Andolina</b> |                                             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 9 / 2 0 0 4                                                                                   |  |
| Mailing Address 24 Meadowbrook Dr<br>PO Box 16                        |                                             | Transaction ID: 0827200440C5152                                                                                                                 |  |
| City State Zip Code<br>Arkport NY 14807                               | Amount of Each Receipt this Period<br>70.00 |                                                                                                                                                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                             | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                        |  |
| Name of Employer<br>Self-Employed                                     | Occupation<br>Dentist                       | Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Election Cycle-to-Date ▼<br>770.00                                    |                                             |                                                                                                                                                 |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1570.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 112                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                          |                                                                                                                                                 |                                                               |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> R Baker             |                                                                                                                                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 4 |
| Mailing Address 148 East Fifth Street                                    |                                                                                                                                                 | Transaction ID: 0827200440C5016                               |
| City State Zip Code<br>Corning NY 14830                                  | Amount of Each Receipt this Period<br>1000.00                                                                                                   |                                                               |
| FEC ID number of contributing federal political committee.<br>C          | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                        |                                                               |
| Name of Employer Occupation<br>Corning Incorporated Sr. VP Life Sciences | Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                               |
| Election Cycle-to-Date ▼<br>1000.00                                      |                                                                                                                                                 |                                                               |

|                                                                            |                                                                                                                                                 |                                                               |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Brian Barrett         |                                                                                                                                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 0 4 |
| Mailing Address 1511 Via Tuscany                                           |                                                                                                                                                 | Transaction ID: 0827200440C5051                               |
| City State Zip Code<br>Winter Park FL 32789                                | Amount of Each Receipt this Period<br>2000.00                                                                                                   |                                                               |
| FEC ID number of contributing federal political committee.<br>C            | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                        |                                                               |
| Name of Employer Occupation<br>Wicker, Smith, OHara, et al Attorney at Law | Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                               |
| Election Cycle-to-Date ▼<br>2000.00                                        |                                                                                                                                                 |                                                               |

|                                                                          |                                                                                                                                                 |                                                               |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Martha Benedict     |                                                                                                                                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 6 / 2 0 0 4 |
| Mailing Address 48 Benedict Blvd.                                        |                                                                                                                                                 | Transaction ID: 0827200440C4973                               |
| City State Zip Code<br>Elmira NY 14903                                   | Amount of Each Receipt this Period<br>1000.00                                                                                                   |                                                               |
| FEC ID number of contributing federal political committee.<br>C          | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                        |                                                               |
| Name of Employer Occupation<br>Elmira City School District Social Worker | Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                               |
| Election Cycle-to-Date ▼<br>1000.00                                      |                                                                                                                                                 |                                                               |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 112                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 735 Ridge Road

City State Zip Code  
Horseheads NY 14845

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

Name of Employer Occupation  
3 Rivers Development Corp. Executive Director

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2004

Transaction ID: 0827200440C4959

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)  
Robert Bishop

Mailing Address 52-46 Concord Avenue

City State Zip Code  
Little Neck NY 11362-1852

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

Name of Employer Occupation  
Herrick, Feinstein, LLP Government Relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2004

Transaction ID: 0827200440C4953

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)  
A. Lee Blades

Mailing Address 1770 Evans Road

City State Zip Code  
Arkport NY 14807

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

Name of Employer Occupation  
Retired Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2004

Transaction ID: 0827200440C4974

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 112                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas Blumer

Mailing Address 86 East Fourth Street

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Vice President Procurement

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2004

Transaction ID: 0827200440C5030

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)  
Peter Bocko

Mailing Address 28 Swan Lane

City State Zip Code  
Painted Post NY 14870

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

Name of Employer Corning Incorporated Occupation Manager

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2004

Transaction ID: 0827200440C4966

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)  
Bond, Schoeneck & King, LLP

Mailing Address 111 Washington Avenue

City State Zip Code  
Albany NY 12210-2280

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2004

Transaction ID: 0827200440C4988

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 112                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                              |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Richard Smith</b>                                                                              |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 3 / 2 0 0 4                                                                                                           |
| Mailing Address Bond, Schoeneck & King, PLLC<br>One Lincoln Center                                                                              |                                              | Transaction ID: 70714.C9438                                                                                                                                             |
| City State Zip Code<br>Syracuse NY 13202-1355                                                                                                   | Amount of Each Receipt this Period<br>500.00 |                                                                                                                                                                         |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                              | Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Partnership->Bond, Schoeneck & King, LLP |
| Name of Employer<br>Bond, Schoeneck & King PL-LC                                                                                                | Occupation<br>Partner                        |                                                                                                                                                                         |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                                                                                         |

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bond, Schoeneck &amp; King, LLP</b>                                                            |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 4 / 2 0 0 4                                            |
| Mailing Address 111 Washington Avenue                                                                                                           |                                              | Transaction ID: 0827200440C4944                                                                          |
| City State Zip Code<br>Albany NY 12210-2280                                                                                                     | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                   |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00          |                                                                                                          |

|                                                                                                                                                 |                                              |                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Richard Smith</b>                                                                              |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 4 / 2 0 0 4                                                                                                           |
| Mailing Address Bond, Schoeneck & King, PLLC<br>One Lincoln Center                                                                              |                                              | Transaction ID: 70714.C9439                                                                                                                                             |
| City State Zip Code<br>Syracuse NY 13202-1355                                                                                                   | Amount of Each Receipt this Period<br>500.00 |                                                                                                                                                                         |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                              | Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Partnership->Bond, Schoeneck & King, LLP |
| Name of Employer<br>Bond, Schoeneck & King PL-LC                                                                                                | Occupation<br>Partner                        |                                                                                                                                                                         |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00          |                                                                                                                                                                         |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bond, Schoeneck & King, LLP

Mailing Address 111 Washington Avenue

City Albany State NY Zip Code 12210-2280

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1199.00

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

**Transaction ID:** 0827200440C5583

Amount of Each Receipt this Period  
199.00

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

**B.** Full Name (Last, First, Middle Initial)  
Richard Smith

Mailing Address Bond, Schoeneck & King, PLLC  
One Lincoln Center

City Syracuse State NY Zip Code 13202-1355

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

Name of Employer Occupation  
Bond, Schoeneck & King PL-LC Partner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1199.00

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

**Transaction ID:** 70714.C9440

Amount of Each Receipt this Period  
199.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership->Bond, Schoeneck & King, LLP

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

Mailing Address 108 Grace Blvd

City Painted Post State NY Zip Code 14870

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

Name of Employer Occupation  
Hunt Engineers Architects Surv Architect

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 4

**Transaction ID:** 0827200440C5043

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) ..... ▶ **699.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Leonard Bower

Mailing Address 145F Gibbs Street

City State Zip Code  
Rochester NY 14605

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

Name of Employer Occupation  
The Pike Company engineer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2004

Transaction ID: 0827200440C4964

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)  
Joseph Brendel

Mailing Address 407 Forest Avenue

City State Zip Code  
Rye NY 10580

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

Name of Employer Occupation  
Brendel and Associates, Inc. LOBBYIST

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2004

Transaction ID: 0827200440C5060

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)  
R. Michael Briggs

Mailing Address 1229 Ridge Road

City State Zip Code  
Penn Yan NY 14527

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

Name of Employer Occupation  
First International Bank Sr. Business Dev. Officer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2004

Transaction ID: 0827200440C5164

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) ..... ► **1700.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 10712A Skyline Drive

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Corning Incorporated Sr. VP/Gen. Mgr. Optical Fiber

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 0827200440C5029

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)  
William Buckley

Mailing Address 2311 Highland Ave.

City State Zip Code  
Falls Church VA 22046

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

Name of Employer Occupation  
Brunswick Group Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 4

Transaction ID: 1015200425C6354

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)  
Daniel Burke

Mailing Address 15 Longford Farm Drive

City State Zip Code  
Elmira NY 14903

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

Name of Employer Occupation  
Swift Glass Company CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C5017

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) ..... ► **1750.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Daniel Burke

Mailing Address 15 Longford Farm Drive

City Elmira State NY Zip Code 14903

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

Name of Employer Swift Glass Company Occupation CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
06 / 30 / 2004

Transaction ID: 0827200440C5229

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 Burt

Mailing Address P. O. Box 381

City Lakeville State NY Zip Code 14480

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

Name of Employer Livonia Avon & Lakeville RR Co Occupation Management

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
06 / 22 / 2004

Transaction ID: 0827200441C5908

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)  
Van Campbell

Mailing Address 27 Bufflehead Drive

City Johns Island State SC Zip Code 29455

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

Name of Employer Occupation Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
04 / 22 / 2004

Transaction ID: 0827200440C4924

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Clack

Mailing Address 58 Yellow Rock Lane

City State Zip Code  
Horseheads NY 14845

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

Name of Employer Occupation  
Self-Employed Podiatrist

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2004

Transaction ID: 0827200440C4971

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)  
Michael Clancy

Mailing Address 338 Main Street

City State Zip Code  
Penn Yan NY 14527

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

Name of Employer Occupation  
Pinckney Hardware Clerk

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2004

Transaction ID: 0827200441C5914

Amount of Each Receipt this Period  
300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Fred Clark

Mailing Address 709 N. Illinois Street

City State Zip Code  
Arlington VA 22205

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

Name of Employer Occupation  
Cornerstone Govt Affairs Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2004

Transaction ID: 1015200425C6351

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) ..... ▶ **800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Margaret Cook

Mailing Address 3276 North Summit Ave

City State Zip Code  
Watkins Glen NY 14891

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

Name of Employer Occupation  
Finger Lakes Wine Country President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

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

Transaction ID: 0827200440C4979

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)  
Anthony Cooper

Mailing Address 892 Upland Drive

City State Zip Code  
Elmira NY 14905-1421

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

Name of Employer Occupation  
Arnot Ogden Medical Center President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 0827200440C4931

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)  
Charles Craig

Mailing Address 18 Knollbrook Ln. E.

City State Zip Code  
Painted Post NY 14870

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

Name of Employer Occupation  
Corning Incorporated Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C4997

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) ..... ► **1700.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Constance Crane

Mailing Address 16 Wildwood Drive

City Albany State NY Zip Code 12211

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

Name of Employer Crane, Greene & Parente Occupation LOBBYIST

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2004

Transaction ID: 0827200440C4936

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)  
William Crowell

Mailing Address 20 Holly Lane

City Lake George State NY Zip Code 12845

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

Name of Employer Hinman Straub Occupation Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

Transaction ID: 0827200440C5063

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)  
Elizabeth Dalrymple

Mailing Address 88 Quail Run

City Elmira State NY Zip Code 14903

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

Name of Employer Chemung Canal Occupation Trust Officer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2004

Transaction ID: 0827200440C4919

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) ..... ▶ 2500.00

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Davidoff & Malito LLP

Mailing Address Robert J. Malito  
605 3rd Avenue, 34th Floor

City State Zip Code  
New York NY 10158

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

Transaction ID: 0827200440C5072

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)  
Robert Malito

Mailing Address 605 3rd Ave., 35th Fl.

City State Zip Code  
New York NY 10158

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

Name of Employer Occupation  
Davidoff & Malito Partner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

Transaction ID: 70714.C9415

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Michael Donnelly

Mailing Address 2979 Goff Road

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Corning Incorporated Div. VP

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2004

Transaction ID: 0827200440C4977

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) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Henry Dormann

Mailing Address 8218 County Route 13

City Bath State NY Zip Code 14810

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

Name of Employer Leaders Conference Center Occupation Chairman/Editor-in-Chief

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2004

Transaction ID: 0827200440C5045

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)  
Michael Doyle

Mailing Address 54 Lake St

City Hammondsport State NY Zip Code 14840

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

Name of Employer Pleasant Valley Wine Co. Occupation Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2004

Transaction ID: 0827200440C5035

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 Ecklin

Mailing Address 248 Cedar St

City Corning State NY Zip Code 14830

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

Name of Employer Corning Incorporated Occupation Executive Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2004

Transaction ID: 0827200440C5036

Amount of Each Receipt this Period  
750.00

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. William Eggers</b>                                                                             |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 4                                            |
| Mailing Address 6621 Pine Bank Road<br>P.O. Box 566                                                                                             |                                              | Transaction ID: 0827200440C5023                                                                          |
| City Naples State NY Zip Code 14512-0566                                                                                                        | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Corning Incorporated                                                                                                           | Occupation Sr. VP & General Counsel          |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                          |

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Rodney Elsenheimer</b>                                                                         |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 3 / 2 0 0 4                                            |
| Mailing Address Sharps Hill Road<br>PO Box 4                                                                                                    |                                              | Transaction ID: 0827200440C4945                                                                          |
| City Arkport State NY Zip Code 14807                                                                                                            | Amount of Each Receipt this Period<br>250.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Elsenheimer Chevrolet                                                                                                          | Occupation Owner                             |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00           |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Lynnette Eusden</b>                                                                            |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |
| Mailing Address 5 Woodland Drive                                                                                                                |                                               | Transaction ID: 0827200440C5010                                                                          |
| City Big Flats State NY Zip Code 14814                                                                                                          | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><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: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                                          |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Featherstonhaugh Wiley Clyne & Cordo LLP

Mailing Address 99 Pine Street, 2nd Floor

City Albany State NY Zip Code 12207

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0827200440C5080

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)  
John Cordo

Mailing Address Featherstonhaugh, Wiley, Clyne & C  
99 Pine Street

City Albany State NY Zip Code 12207

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

Name of Employer Featherstonhaugh, Conway, et al Occupation Partner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 70714.C9425

Amount of Each Receipt this Period  
 500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership->Featherstonh-  
 augh Wiley Clyne & Cordo  
 LLP

**C.** Full Name (Last, First, Middle Initial)  
J Fennell

Mailing Address 707 Wall St

City Elmira State NY Zip Code 14905

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0827200440C5005

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 21 / 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gerard Fitzpatrick

Mailing Address 6695 Poverty Hill Road  
P.O. Box 490

City Ellicottville State NY Zip Code 14731

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

Name of Employer Fitzpatrick-Weller, Inc. Occupation Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2004

Transaction ID: 0827200440C5233

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Asher Flaum

Mailing Address 8 Canal Park Place

City Pittsford State NY Zip Code 14534-1009

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

Name of Employer Flaum Management Company Occupation Leasing Agent

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2004

Transaction ID: 0827200440C5571

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 Flaws

Mailing Address 138 West Hill Terrace

City Painted Post State NY Zip Code 14870

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

Name of Employer Corning Incorporated Occupation CFO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 04 / 2004

Transaction ID: 0827200440C4963

Amount of Each Receipt this Period  
500.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Amy Gorham

Mailing Address 10244 Powderhorn Drive

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Homemaker

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2004

**Transaction ID:** 0827200440C4998

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)  
Edward Grandt

Mailing Address 702 Euclid Avenue

City State Zip Code  
Elmira NY 14901

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2004

**Transaction ID:** 0827200440C5529

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)  
Robert Gray

Mailing Address 6354 Alderman Dr

City State Zip Code  
Alexandria VA 22315

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

Name of Employer Occupation  
Council NE Farmer Coops Executive Director

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2004

**Transaction ID:** 0827200440C5113

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kirk Gregg

Mailing Address 2119 Spencer Hill Road

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Chief Administrative Officer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2004

Transaction ID: 0827200440C4970

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)  
James Griffin

Mailing Address 40 Main Street

City State Zip Code  
Hornell NY 14843

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

Name of Employer Occupation Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2004

Transaction ID: 0827200440C5089

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 Halpin

Mailing Address 2845 Newtown Road

City State Zip Code  
Odessa NY 14869

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

Name of Employer Self-Employed Occupation Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2004

Transaction ID: 0827200441C6005

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) ..... ► 2100.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kathy Hamor

Mailing Address 2844 Little Falls Pl

City Falls Church State VA Zip Code 22042

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

Name of Employer Capitol Concepts Occupation President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2004

Transaction ID: 0827200440C5876

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)  
William Hatch

Mailing Address 6550 Hughes Road

City Canisteo State NY Zip Code 14823

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

Name of Employer Staffing & Payroll Solutions Occupation President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2004

Transaction ID: 0827200440C5827

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)  
Vincent Hatton

Mailing Address 163 Watauga Avenue

City Corning State NY Zip Code 14830

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

Name of Employer Corning Incorporated Occupation Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

Transaction ID: 0827200440C5012

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) ..... ► **1750.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Denise Hauselt

Mailing Address 164 Upper Delevan Ave

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Corning Incorporated Corporate Attorney

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID: 0827200440C5031

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)  
Thomas Hinman

Mailing Address 113 Kennedy Dr

City State Zip Code  
Horseheads NY 14845

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

Name of Employer Occupation  
Corning Incorporated Manager

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 4

Transaction ID: 0827200440C5041

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)  
Amory Houghton

Mailing Address 80 East Market St., Ste. 201

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 0 4

Transaction ID: 0827200440C5044

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. James Houghton</b>                                                                             |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 4 / 2 0 0 4                                            |
| Mailing Address 2649 B Spencer Hill                                                                                                             |                                               | Transaction ID: 0827200440C4948                                                                          |
| City State Zip Code<br>Corning NY 14830                                                                                                         | Amount of Each Receipt this Period<br>1500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Corning Incorporated                                                                                                        | Occupation<br>Chairman of the Board           |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. George Howell</b>                                                                              |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 4                                            |
| Mailing Address 28 High Pond Rd.                                                                                                                |                                               | Transaction ID: 0827200440C4913                                                                          |
| City State Zip Code<br>Elmira NY 14901                                                                                                          | Amount of Each Receipt this Period<br>2000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>F. M. Howell & Co.                                                                                                          | Occupation<br>Chairman/C.E.O.                 |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2400.00           |                                                                                                          |

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. J &amp; J Properties</b>                                                                       |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 3 / 2 0 0 4                                            |
| Mailing Address Raphael Specchio, Jr.<br>202 N. Monroe Street                                                                                   |                                              | Transaction ID: 0827200440C4961                                                                          |
| City State Zip Code<br>Watkins Glen NY 14891-1032                                                                                               | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                   |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                          |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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

NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                                                             |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Raphael Specchio<br>Mailing Address 107 7th St.<br>City State Zip Code<br>Watkins Glen NY 14891<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 70714.C9423<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table> Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Partnership->J & J Properties | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 0 | 3 | / | 2 | 0 | 0 | 4 | 500.00 |
| M                                                                                                                                                                                                                           | M | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0                                                                                                                                                                                                                           | 5 | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0      | 3 | / | 2 | 0 | 0 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 500.00                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Name of Employer Occupation<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                              |   | Information Requested<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>500.00</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 500.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 500.00                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

|                                                                                                                                                                                                                                                                    |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>J & J Properties<br>Mailing Address Raphael Specchio, Jr.<br>202 N. Monroe Street<br>City State Zip Code<br>Watkins Glen NY 14891-1032<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 0827200440C4992<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 1 | 0 | / | 2 | 0 | 0 | 4 | 500.00 |
| M                                                                                                                                                                                                                                                                  | M | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0                                                                                                                                                                                                                                                                  | 5 | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1       | 0 | / | 2 | 0 | 0 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 500.00                                                                                                                                                                                                                                                             |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Name of Employer Occupation<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                     |   | Information Requested<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>1000.00</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                            | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 1000.00                                                                                                                                                                                                                                                            |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

|                                                                                                                                                                                                                             |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Raphael Specchio<br>Mailing Address 107 7th St.<br>City State Zip Code<br>Watkins Glen NY 14891<br>FEC ID number of contributing federal political committee. <b>C</b> |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 70714.C9424<br>Amount of Each Receipt this Period<br><table border="1"> <tr> <td>500.00</td> </tr> </table> Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Partnership->J & J Properties | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | / | 1 | 0 | / | 2 | 0 | 0 | 4 | 500.00 |
| M                                                                                                                                                                                                                           | M | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0                                                                                                                                                                                                                           | 5 | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1       | 0 | / | 2 | 0 | 0 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 500.00                                                                                                                                                                                                                      |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| Name of Employer Occupation<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                              |   | Information Requested<br>Election Cycle-to-Date ▼<br><table border="1"> <tr> <td>1000.00</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 1000.00                                                                                                                                                                                                                     |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                    |  |                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Peter Jackson</b>                                                                                                                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 1 / 2 0 0 4                                            |  |
| Mailing Address 370 East Lake Road                                                                                                                                                 |  | <b>Transaction ID: 0827200440C5749</b>                                                                   |  |
| City State Zip Code<br>Penn Yan NY 14527                                                                                                                                           |  | Amount of Each Receipt this Period<br>50.00                                                              |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Info Requested<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation Info Requested<br>Election Cycle-to-Date ▼<br>50.00                                           |  |

|                                                                                                                                                                                    |  |                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Peter Jackson</b>                                                                                                                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 9 / 2 0 0 4                                            |  |
| Mailing Address 370 East Lake Road                                                                                                                                                 |  | <b>Transaction ID: 0827200440C5151</b>                                                                   |  |
| City State Zip Code<br>Penn Yan NY 14527                                                                                                                                           |  | Amount of Each Receipt this Period<br>200.00                                                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Info Requested<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation Info Requested<br>Election Cycle-to-Date ▼<br>250.00                                          |  |

|                                                                                                                                                                                    |  |                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Charles Joyce</b>                                                                                                                 |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 1 6 / 2 0 0 4                                            |  |
| Mailing Address 4165 Grandview Avenue                                                                                                                                              |  | <b>Transaction ID: 0827200440C5787</b>                                                                   |  |
| City State Zip Code<br>Wellsville NY 14895                                                                                                                                         |  | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Info Requested<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Occupation Info Requested<br>Election Cycle-to-Date ▼<br>500.00                                          |  |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Kraig Kayser<br>Mailing Address 30 Woodbury Place<br>City State Zip Code<br>Rochester NY 14618<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 29 / 2004<br><b>Transaction ID:</b> 0827200440C5214<br>Amount of Each Receipt this Period<br>2000.00<br>Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Seneca Foods CEO & President<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             |  | Election Cycle-to-Date ▼<br>2000.00                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Kenneth Kelly<br>Mailing Address 3777 Independence Avenue<br>City State Zip Code<br>Bronx NY 10463<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 27 / 2004<br><b>Transaction ID:</b> 0827200440C5083<br>Amount of Each Receipt this Period<br>500.00<br>Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>NYC Marshalls Assoc. Executive Director<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      |  | Election Cycle-to-Date ▼<br>500.00                                                                                                                                                                                                                             |

|                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>A Kremer<br>Mailing Address 1111 Park Avenue 10b<br>City State Zip Code<br>NY NY 10128<br>FEC ID number of contributing federal political committee. <b>C</b>             |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 17 / 2004<br><b>Transaction ID:</b> 0827200440C5048<br>Amount of Each Receipt this Period<br>500.00<br>Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation<br>Ruskin Moscou Faltischek, PC Attorney at Law<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>500.00                                                                                                                                                                                                                             |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Abraham Lackman

Mailing Address 52 Surrey Mall

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer Occupation  
CICU President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2004

**Transaction ID:** 0827200440C5061

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)  
Bryan Lanahan

Mailing Address 2916 County Line Drive

City State Zip Code  
Big Flats NY 14814

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

Name of Employer Occupation  
Corning Incorporated Dir., Community Development

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2004

**Transaction ID:** 0827200440C4996

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 Lane

Mailing Address 5396 Waterford Ct.

City State Zip Code  
West Chester OH 45069

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

Name of Employer Occupation  
Proctor & Gamble District Co. VP - State & Local Govt Rel.

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2004

**Transaction ID:** 1015200425C6353

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) .....           | <b>1250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frederick Lang

Mailing Address 27 Main St

City State Zip Code  
Hornell NY 14843

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

Name of Employer Lang Agency, Inc. Occupation Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2004

Transaction ID: 0827200440C5567

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)  
Frederick Lang

Mailing Address 27 Main St

City State Zip Code  
Hornell NY 14843

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

Name of Employer Lang Agency, Inc. Occupation Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
217.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2004

Transaction ID: 0827200440C5201

Amount of Each Receipt this Period  
117.00

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

**C.** Full Name (Last, First, Middle Initial)  
Marie Liddle

Mailing Address 4 Wexford Rd

City State Zip Code  
Delmar NY 12054

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

Transaction ID: 0827200440C5070

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) ..... ▶ **717.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 213 W. Washington St.  
P.O. Box 784

City Bath State NY Zip Code 14810

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

600.00

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

Transaction ID: 0827200440C5002

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)  
Cindy Maxwell-Philips

Mailing Address 999 W. Big Beaver

City Troy State MI Zip Code 48084

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

Name of Employer Occupation Information Requested

Receipt For: 2004 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 4

Transaction ID: 0827200440C5776

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)  
Patrick McAllister

Mailing Address 300 West Naples St.reet  
P.O. Box 338

City Wayland State NY Zip Code 14572

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

Name of Employer Self-Employed Occupation Attorney at Law

Receipt For: 2004 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

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

Transaction ID: 0827200440C4994

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) ..... ▶ **1500.00**

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 10783 Hidden Meadow Trail

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0827200440C5013

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)  
Thomas McCullough

Mailing Address 38 Halderman Hollow Road

City State Zip Code  
Elmira NY 14903

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

Name of Employer Corning Incorporated Occupation Div. VP Employee Relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0827200440C5027

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)  
Michael McFarland

Mailing Address 1542 Swarthout Road

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Life Sciences Occupation Business Technology Mgr.

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 0827200440C5022

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) ..... ► 1500.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                                     |                                                                          |                                                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher McGrath</b>                                                                                                                            |                                                                          | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |  |
| Mailing Address 127 Lancaster Street                                                                                                                                                                |                                                                          | Transaction ID: 0827200440C5069                                                                          |  |
| City State Zip Code<br>Albany NY 12210                                                                                                                                                              |                                                                          | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                                     |                                                                          | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>NY Capital Consultants, Inc.<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Government Relations<br>Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |  |

|                                                                                                                                                                                             |                                                                               |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. E. Marie McKee</b>                                                                                                                         |                                                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |  |
| Mailing Address 240 Delevan Avenue                                                                                                                                                          |                                                                               | Transaction ID: 0827200440C5003                                                                          |  |
| City State Zip Code<br>Corning NY 14830                                                                                                                                                     |                                                                               | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                             |                                                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Corning Incorporated<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Pres/CEO of Steuben Glass<br>Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |  |

|                                                                                                                                                                                              |                                                             |                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. William McKenzie</b>                                                                                                                        |                                                             | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 4                                            |  |
| Mailing Address 1705 Pinnacle Road                                                                                                                                                           |                                                             | Transaction ID: 0827200440C5077                                                                          |  |
| City State Zip Code<br>Elmira NY 14905                                                                                                                                                       |                                                             | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                              |                                                             | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Elmira Savings & Loan<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Banker<br>Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 728 E Bluff Drive

City State Zip Code  
Penn Yan NY 14527

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

Name of Employer  
Coach & Equipment Manuf. Corp

Occupation  
CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2004

**Transaction ID:** 0827200440C5194

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)  
Brian Meara

Mailing Address 3626 217th Street

City State Zip Code  
Bayside NY 11361

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

Name of Employer  
Meara - Kremer Associates

Occupation  
Public Relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

**Transaction ID:** 0827200440C5066

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 Meier

Mailing Address 9 Longmeadow Dr

City State Zip Code  
Elmira NY 14905

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

Name of Employer  
Ward Diesel Filter Systems

Occupation  
President/Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2004

**Transaction ID:** 0827200440C5212

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) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 10289 Whispering Wind Trail

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Corning Incorporated Executive Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2004

Transaction ID: 0827200440C5038

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)  
George Miner

Mailing Address 19 Woodland Drive

City State Zip Code  
Big Flats NY 14814

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

Name of Employer Occupation  
STEG President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2004

Transaction ID: 0827200440C5028

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 V. Moore

Mailing Address Moore, Woodhouse & Pawlak, LLP  
HSBC Building

City State Zip Code  
Elmira NY 14901

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

Name of Employer Occupation  
Moore, Woodhouse & Pawlak LLP Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2004

Transaction ID: 0827200440C4990

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) ..... ► 2500.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jeremiah Moriarty

Mailing Address 2 Maple Avenue  
PO Box 126

City State Zip Code  
Franklinville NY 14737

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

Name of Employer Occupation  
Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2004

**Transaction ID:** 0827200440C5576

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)  
Jeremiah Moriarty

Mailing Address 2 Maple Avenue  
PO Box 126

City State Zip Code  
Franklinville NY 14737

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

Name of Employer Occupation  
Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2004

**Transaction ID:** 0827200441C5909

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)  
Stanley Morris

Mailing Address 301 East 79 Street 29-h

City State Zip Code  
NEW YORK NY 10021

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

Name of Employer Occupation  
Upper Management

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2004

**Transaction ID:** 0827200440C5064

Amount of Each Receipt this Period  
500.00

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

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

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark Newhouse

Mailing Address 2602B Spencer Hill Road

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C5000

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)  
Thomas OMara

Mailing Address 31 Stonecroft Drive

City State Zip Code  
Horseheads NY 14845

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

Name of Employer Occupation Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C5025

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)  
Frank Padavan

Mailing Address 84-48 Radnor Street

City State Zip Code  
Jamaica NY 11432

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

Name of Employer Occupation NYS Senator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C4927

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) ..... ► **1500.00**

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

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

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 39 / 112 |
|                                                                        | <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)  
Kuhl for Congress

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Pauline Patti</b>                                                                              |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |  |
| Mailing Address 6 Bishops Court                                                                                                                 |                                     | Transaction ID: 0827200440C5006                                                                          |  |
| City State Zip Code<br>Pittsford NY 14534                                                                                                       |                                     | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Bloomfield Central School                                                                                                   | Occupation<br>School Administrator  |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                    |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Susan Payne</b>                                                                                |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 4                                            |  |
| Mailing Address 5598 Dutch St                                                                                                                   |                                    | Transaction ID: 0827200440C5039                                                                          |  |
| City State Zip Code<br>Dundee NY 14837                                                                                                          |                                    | Amount of Each Receipt this Period<br>200.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Self-Employed                                                                                                               | Occupation<br>Consultant           |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |                                                                                                          |  |

|                                                                                                                                                 |                                    |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Robert Pearce</b>                                                                              |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 1 8 / 2 0 0 4                                            |  |
| Mailing Address 2437 Second Milo Rd                                                                                                             |                                    | Transaction ID: 0827200440C5888                                                                          |  |
| City State Zip Code<br>Penn Yan NY 14527                                                                                                        |                                    | Amount of Each Receipt this Period<br>579.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer                                                                                                                                | Occupation<br>Professional         |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>579.00 |                                                                                                          |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1779.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 164 N Glenora Rd

City State Zip Code  
Dundee NY 14837

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

Name of Employer Owner/Administrator Occupation  
Glenora Wine Cellars

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

**Transaction ID:** 0827200440C5155

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)  
Eugene Pierce

Mailing Address 164 N Glenora Rd

City State Zip Code  
Dundee NY 14837

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

Name of Employer Owner/Administrator Occupation  
Glenora Wine Cellars

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 4

**Transaction ID:** 0827200440C5154

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 1741 Crestwood Road

City State Zip Code  
Elmira NY 14905

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

Name of Employer Elcor Health Services, Inc. Occupation  
Executive Director

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

**Transaction ID:** 0827200440C4999

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) ..... ► 1200.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>John Potter                                                                                |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 9 / 2 0 0 4                                            |
| Mailing Address 822 Underwood Avenue<br>P. O. Box 148                                                                                           |                                               | <b>Transaction ID:</b> 0827200440C5215                                                                   |
| City Elmira State NY Zip Code 14905                                                                                                             | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Seneca Beverage                                                                                                                | Occupation President/CEO                      |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                                          |

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Mary Potter                                                                                |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 2 / 2 0 0 4                                            |
| Mailing Address 3123 W Five Mile Rd                                                                                                             |                                              | <b>Transaction ID:</b> 0827200441C5913                                                                   |
| City Allegany State NY Zip Code 14706                                                                                                           | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Homemaker                                                                                                                      | Occupation Information Requested             |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Jack Quinn                                                                                 |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 2 / 2 0 0 4                                            |
| Mailing Address P. O. Box 14                                                                                                                    |                                               | <b>Transaction ID:</b> 0827200441C5906                                                                   |
| City Buffalo State NY Zip Code 14205                                                                                                            | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Retired                                                                                                                        | Occupation Retired                            |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                                          |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Timothy Regan

Mailing Address 7505 South Valley Drive

City State Zip Code  
Fairfax Station VA 22039

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

Name of Employer Occupation  
Corning Incorporated SVP

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2004

Transaction ID: 0827200440C4981

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)  
Ransom Reynolds

Mailing Address 1509 West Water Street

City State Zip Code  
Elmira NY 14905

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

Name of Employer Occupation  
Self-Employed Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2004

Transaction ID: 0827200440C5037

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)  
Philip Roche

Mailing Address 5 Fox Lane East

City State Zip Code  
Painted Post NY 14870

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

Name of Employer Occupation  
Yorio, Roché & Crawford Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2004

Transaction ID: 0827200440C4956

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 30 West Third Street

City State Zip Code  
Corning NY 14830

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2004

Transaction ID: 0827200440C4978

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 Roffe

Mailing Address 1192 Park Avenue 1D

City State Zip Code  
NY NY 10128

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

Name of Employer Plunkett & Jaffe Occupation Government Relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2004

Transaction ID: 1015200428C6469

Amount of Each Receipt this Period  
750.00

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

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

Mailing Address 1192 Park Avenue 1D

City State Zip Code  
NY NY 10128

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

Name of Employer Plunkett & Jaffe Occupation Government Relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2750.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 11 / 2004

Transaction ID: 0827200440C5071

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Carole Rogin

Mailing Address 212 South Royal Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer  
Clarion Management Resources  
Occupation  
President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2004

**Transaction ID:** 1015200425C6356

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)  
Nicholas Rossi

Mailing Address 120 Weston Lane

City State Zip Code  
Painted Post NY 14870

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

Name of Employer  
Retired  
Occupation  
Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

**Transaction ID:** 0827200440C5209

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address Sr. Director, Congressional Relat  
American Farm Bureau Federation

City State Zip Code  
Washington DC 20024

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

Name of Employer  
American Farm Bureau Fed.  
Occupation  
Sr. Dir., Congressional Rel.

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2004

**Transaction ID:** 1015200425C6349

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 4000 East Ave

City State Zip Code  
Rochester NY 14618

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

Name of Employer Constellation Brands, Inc. Occupation Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

Transaction ID: 0827200440C5221

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)  
Patricia Santulli

Mailing Address 1528 West Water Street

City State Zip Code  
Elmira NY 14905

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

Name of Employer Elmira Psychiatric Center Occupation Admin. Assistant

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2004

Transaction ID: 0827200440C4975

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)  
William Schapiro

Mailing Address Jaeckle, Fleischman & Mugal  
12 Fountain Plaza

City State Zip Code  
Buffalo NY 14202

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

Name of Employer Jaeckle, Fleischman & Mugal Occupation Attorney at Law

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

Transaction ID: 0827200440C5211

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pamela Schneider

Mailing Address 2771 B Hickok Road

City State Zip Code  
Corning NY 14830

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

Name of Employer Occupation  
Corning Incorporated Corporate Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C4995

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)  
Paul Schweizer

Mailing Address 315 Drive C  
Strathmont Park

City State Zip Code  
Elmira NY 14905

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

Name of Employer Occupation  
Schweizer Aircraft President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C5024

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)  
Barbara Scudder

Mailing Address 509 Haverling Street

City State Zip Code  
Bath NY 14810

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

Name of Employer Occupation  
Bath Credit Bureau Self-Employed

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

149.00

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

Transaction ID: 0827200440C4949

Amount of Each Receipt this Period  
99.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1099.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                                                                                                                                                                    |               |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 47 / 112 |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|

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)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Barbara Scudder

Mailing Address 509 Haverling Street

City Bath State NY Zip Code 14810

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

Name of Employer Bath Credit Bureau Occupation Self-Employed

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1149.00

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

Transaction ID: 0827200440C5085

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 Seminero

Mailing Address 109-56 111th Street

City South Ozone Park State NY Zip Code 11420

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

Name of Employer NYS Assembly Occupation Member of Assembly

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 7 / 2 0 0 4

Transaction ID: 0827200440C5855

Amount of Each Receipt this Period  
 300.00

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

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

Mailing Address 917 S. Carolina Ave. SE

City Washington State DC Zip Code 20003-2145

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

Name of Employer Brunswick Group Occupation Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 1015200425C6355

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) .....           | ▶ | 1550.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 15             |                              |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robin Shapiro

Mailing Address 111 W. 89th St., Apt GA

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
Ovation Capital CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

Transaction ID: 0827200440C5171

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)  
Neal Sherman

Mailing Address 19 Northstone Rise

City State Zip Code  
Pittsford NY 14534-3063

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

Name of Employer Occupation  
President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

Transaction ID: 0827200440C5219

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 Sherron

Mailing Address PO Box 494

City State Zip Code  
Hammondsport NY 14840

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

Name of Employer Occupation  
SCIDA Executive Director

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 05 / 2004

Transaction ID: 0827200440C4957

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) ..... ► **1500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 10770 Hidden Meadow Trail

City State Zip Code  
Corning NY 14830-9494

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

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

Transaction ID: 0827200440C4947

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)  
John Sirianni

Mailing Address 10770 Hidden Meadow Trail

City State Zip Code  
Corning NY 14830-9494

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 0827200440C5247

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)  
Roger Smith

Mailing Address 17 Knollbrook Ln E

City State Zip Code  
Painted Post NY 14870

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

Name of Employer Corning Incorporated Occupation Business Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 4

Transaction ID: 0827200440C5047

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 10527 Skyline Drive

City State Zip Code  
Corning NY 14830

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2004

Transaction ID: 0827200441C5952

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)  
Deborah Stendardi

Mailing Address 32 Northfield Gate

City State Zip Code  
Pittsford NY 14534-2992

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

Name of Employer R.I.T. Occupation VP, Govt & Comnty. Relations

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2004

Transaction ID: 0827200440C5216

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 Stork

Mailing Address 84 Old Pines Trail

City State Zip Code  
Penn Yan NY 14527

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

Name of Employer Beaumont & Stork Occupation Insurance Agent

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2004

Transaction ID: 0827200441C5973

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) ..... ► 1500.00

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 513 Hardscrabble Dr.

City Hillsborough State NC Zip Code 27278-9767

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

Name of Employer Corning Incorporated Occupation Business Executive

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2004

Transaction ID: 0827200440C5026

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 Swan

Mailing Address 30 Ridge Haven Dr

City Horseheads State NY Zip Code 14845

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

Name of Employer Swan & Sons-Morss Co. Inc. Occupation Insurance/Financial Services

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2004

Transaction ID: 0827200440C5021

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)  
William Teator

Mailing Address 2119 Kings Garden Way

City Falls Church State VA Zip Code 22043

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

Name of Employer Capitol Advocates, LLC Occupation President and CEO

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2004

Transaction ID: 0827200440C5111

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bradley Thomas

Mailing Address 141A East Lake Rd

City State Zip Code  
Penn Yan NY 14527

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

Name of Employer Occupation  
First Transit, Inc. Vice President

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 0827200440C4926

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)  
F. Tucker

Mailing Address 115 Huntersfield Rd

City State Zip Code  
Delmar NY 12054

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

Name of Employer Occupation  
Mercer Consulting Consultant

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: 0827200440C5074

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)  
F. Tucker

Mailing Address 115 Huntersfield Rd

City State Zip Code  
Delmar NY 12054

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

Name of Employer Occupation  
Mercer Consulting Consultant

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

699.00

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

Transaction ID: 0827200440C5574

Amount of Each Receipt this Period  
199.00

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

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2699.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address 13451 State Route 54

City State Zip Code  
Hammondsport NY 14840

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

Transaction ID: 0827200440C4950

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)  
Marlene Tweddell

Mailing Address 4 Ivy Lea Drive

City State Zip Code  
Wayland NY 14572

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

Name of Employer Retired Occupation Retired

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

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

Transaction ID: 0827200440C5034

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)  
Peter Volanakis

Mailing Address 70 Fifth St E

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Chief Operating Officer

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

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

Transaction ID: 0827200440C5008

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

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

|                                                                        |                                                                   |
|------------------------------------------------------------------------|-------------------------------------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 54 / 112</span> |
|                                                                        | (check only one)                                                  |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b                                      |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a                                      |
| <input type="checkbox"/> 11c                                           | <input type="checkbox"/> 11d                                      |
| <input type="checkbox"/> 13b                                           | <input type="checkbox"/> 14                                       |
| <input type="checkbox"/>                                               | <input type="checkbox"/> 15                                       |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Alexander Wahlig</p> <p>Mailing Address 11896 West Lake Road</p> <p>City State Zip Code<br/>Hammondsport NY 14840</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2004<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>1200.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>05 / 10 / 2004</p> <p><b>Transaction ID:</b> 0827200440C5018</p> <p>Amount of Each Receipt this Period<br/>1000.00</p> <p>Receipt<br/><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Daniel Walsh</p> <p>Mailing Address 33 Placid Lane</p> <p>City State Zip Code<br/>Glenmont NY 12077</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Business Council of NYS, Inc. Occupation President/CEO</p> <p>Receipt For: 2004<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>1000.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>05 / 11 / 2004</p> <p><b>Transaction ID:</b> 0827200440C5075</p> <p>Amount of Each Receipt this Period<br/>1000.00</p> <p>Receipt<br/><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)<br/>Marcia Weber</p> <p>Mailing Address 138 W. Hill Terrace</p> <p>City State Zip Code<br/>Painted Post NY 14870-1002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer STCRP&amp;DB Occupation Executive Director</p> <p>Receipt For: 2004<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼<br/>500.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>05 / 05 / 2004</p> <p><b>Transaction ID:</b> 0827200440C4958</p> <p>Amount of Each Receipt this Period<br/>500.00</p> <p>Receipt<br/><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                         |                       |
|-------------------------------------------------------------------------|-----------------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>           | <p><b>2500.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                       |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kim Weeks

Mailing Address 10806 Hidden Meadow Trail

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Dir., Financial Consulting

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 0827200440C4968

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)  
Kim Weeks

Mailing Address 10806 Hidden Meadow Trail

City State Zip Code  
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Dir., Financial Consulting

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: 51005.C7142

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wilson Elser Moskowitz Edelman & Dicker

Mailing Address Attn: Kenneth L. Shapiro  
1 Steuben Place

City State Zip Code  
Albany NY 12207

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: 0827200440C5084

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5500.00**

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

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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                     |                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kenneth Shapiro</b>                                                                            |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 7 / 2 0 0 4                                                                                                                       |  |
| Mailing Address<br>Wilson, Elser, Moskowitz, et al<br>One Steuben Place                                                                         |                                     | Transaction ID: 70714.C9426                                                                                                                                                         |  |
| City State Zip Code<br>Albany NY 12207                                                                                                          |                                     | Amount of Each Receipt this Period<br>2000.00                                                                                                                                       |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>Partnership->Wilson Elser Moskowitz Edelman & Dicker |  |
| Name of Employer<br>Wilson Elser Moskowitz Edelman                                                                                              | Occupation<br>Partner               |                                                                                                                                                                                     |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |                                                                                                                                                                                     |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rick Winter</b>                                                                                |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 1 7 / 2 0 0 4                                            |  |
| Mailing Address<br>295 Main St., Suite 947                                                                                                      |                                     | Transaction ID: 0827200440C5854                                                                          |  |
| City State Zip Code<br>Buffalo NY 14203                                                                                                         |                                     | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer                                                                                                                                | Occupation<br>Information Requested |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Arthur Wolcott</b>                                                                             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 9 / 2 0 0 4                                            |  |
| Mailing Address<br>1690 Harbor Sound Dr.                                                                                                        |                                     | Transaction ID: 0827200440C5222                                                                          |  |
| City State Zip Code<br>Longboat Key FL 34228-3542                                                                                               |                                     | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Retired                                                                                                                     | Occupation<br>Retired               |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

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



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

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 / 112                |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
George F. T. Yancey

Mailing Address 32 Oliver St

City State Zip Code  
Rochester NY 14607

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

Name of Employer Occupation  
Delta Point Capital Investments

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2004

Transaction ID: 0827200440C5224

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)  
Craig Yunker

Mailing Address 6460 Transit Rd

City State Zip Code  
Elba NY 14058

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

Name of Employer Occupation  
CY Farms Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2004

Transaction ID: 0827200440C5223

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 Zimpfer

Mailing Address 3370 Pepper Road

City State Zip Code  
Bluff Point NY 14478

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

Name of Employer Occupation  
NYSOPRHP Park Ranger

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2004

Transaction ID: 0827200440C4929

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 101213.00 |

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

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

FOR LINE NUMBER: PAGE 58 / 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Action Cmt for Rural Electrification PAC

Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2004

**Transaction ID:** 0827200440C5253

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)  
AGC Political Action Committee

Mailing Address 2300 Wilson Blvd., Ste 400

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2004

**Transaction ID:** 0827200440C5204

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)  
Agri Mark Legislation & Education Comm

Mailing Address A Multicandidate Committee  
P. O. Box 5800

City State Zip Code  
Lawrence MA 01842

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2004

**Transaction ID:** 0827200440C5203

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) ..... ► **6000.00**

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 59 / 112                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Amer. Society of Assoc. Executives PAC</b>                                                     |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 1 4 / 2 0 0 4                                            |
| Mailing Address 1575 I Street, NW                                                                                                               |                                               | Transaction ID: 0827200440C5250                                                                          |
| City State Zip Code<br>Washington DC 20005                                                                                                      | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. American Health Care Association PAC</b>                                                       |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 9 / 2 0 0 4                                            |
| Mailing Address 1201 L Street, NW                                                                                                               |                                               | Transaction ID: 0827200440C5205                                                                          |
| City State Zip Code<br>Washington DC 20005                                                                                                      | Amount of Each Receipt this Period<br>1000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. American Hospital Association PAC</b>                                                          |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 1 9 / 2 0 0 4                                            |
| Mailing Address 325 Seventh Street, N.W.                                                                                                        |                                               | Transaction ID: 0827200440C5252                                                                          |
| City State Zip Code<br>Washington DC 20004                                                                                                      | Amount of Each Receipt this Period<br>4000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4000.00           |                                                                                                          |

|                                                                    |             |
|--------------------------------------------------------------------|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 60 / 112                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                     |                                                   |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. American Medical Association PAC (AMPAC)</b>                                                                       |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |  |
| Mailing Address 1101 Vermont Avenue, NW                                                                                                                             |                                                   | Transaction ID: 0827200440C5068                                                                          |  |
| City State Zip Code<br>Washington DC 20005                                                                                                                          | Amount of Each Receipt this Period<br>1000.00     |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

|                                                                                                                                                                     |                                                  |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Motorcyclist Assn. PAC</b>                                                                                |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 4                                            |  |
| Mailing Address Mr. Larry Schwartz<br>15 Dawn Drive                                                                                                                 |                                                  | Transaction ID: 0827200440C4989                                                                          |  |
| City State Zip Code<br>Schenectady NY 12302                                                                                                                         | Amount of Each Receipt this Period<br>200.00     |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>200.00 |                                                                                                          |  |

|                                                                                                                                                                     |                                                  |                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. American Motorcyclist Assn. PAC</b>                                                                                |                                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 0 1 / 2 0 0 4                                            |  |
| Mailing Address Mr. Larry Schwartz<br>15 Dawn Drive                                                                                                                 |                                                  | Transaction ID: 0827200440C5094                                                                          |  |
| City State Zip Code<br>Schenectady NY 12302                                                                                                                         | Amount of Each Receipt this Period<br>250.00     |                                                                                                          |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>450.00 |                                                                                                          |  |

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

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 61 / 112                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                     |                                                   |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. American Optometric Association PAC</b>                                                                            |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 0 5 / 2 0 0 4                                            |
| Mailing Address 1505 Prince St., Suite 300                                                                                                                          |                                                   | Transaction ID: 0827200440C4942                                                                          |
| City State Zip Code<br>Alexandria VA 22314                                                                                                                          | Amount of Each Receipt this Period<br>1000.00     |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |

|                                                                                                                                                                                     |                                                                         |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bacalles for Assembly</b>                                                                                                          |                                                                         | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |
| Mailing Address James Bacalles<br>PO Box 473                                                                                                                                        |                                                                         | Transaction ID: 0827200440C5009                                                                          |
| City State Zip Code<br>Corning NY 14830                                                                                                                                             | Amount of Each Receipt this Period<br>1000.00                           |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                                 |                                                                         | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>NYS Assembly<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Member of Assembly<br>Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |

|                                                                                                                                                                     |                                                   |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Baker &amp; Hostetler P. A. C.</b>                                                                                 |                                                   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 2 3 / 2 0 0 4                                            |
| Mailing Address 1050 Connecticut Ave., N.W., 11th                                                                                                                   |                                                   | Transaction ID: 0827200440C5769                                                                          |
| City State Zip Code<br>Washington DC 20036                                                                                                                          | Amount of Each Receipt this Period<br>1000.00     |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                                                 |                                                   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

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

FOR LINE NUMBER: PAGE 62 / 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Birds Eye Foods PAC

Mailing Address 90 Linden Oaks Pk.

City State Zip Code  
Rochester NY 14625

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 4

**Transaction ID:** 0827200440C5220

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)  
Cash America International, Inc. PAC

Mailing Address 1600 W. 7th Street

City State Zip Code  
Fort Worth TX 76102

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 4

**Transaction ID:** 0827200440C5254

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)  
Citizens for Morahan

Mailing Address Hon. Tom Morahan  
331 S. Little Toz Road

City State Zip Code  
New City NY 10956

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

Name of Employer Occupation  
NYS Senate Senator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 0827200440C4934

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) ..... ► **2500.00**

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

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

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 63 / 112 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Citizens to Elect John Bonacic</b>                                                             |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 6 / 2 0 0 4                                            |
| Mailing Address Hon. John Bonacic<br>P. O. Box 425                                                                                              |                                              | Transaction ID: 0827200440C4932                                                                          |
| City State Zip Code<br>New Hampton NY 10958                                                                                                     | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>NYS Senate                                                                                                                  | Occupation<br>Senator                        |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |                                                                                                          |

|                                                                                                                                                 |                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Citizens to Elect John Bonacic</b>                                                             |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 9 / 2 0 0 4                                            |
| Mailing Address Hon. John Bonacic<br>P. O. Box 425                                                                                              |                                              | Transaction ID: 0827200440C4986                                                                          |
| City State Zip Code<br>New Hampton NY 10958                                                                                                     | Amount of Each Receipt this Period<br>500.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                              | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>NYS Senate                                                                                                                  | Occupation<br>Senator                        |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00          |                                                                                                          |

|                                                                                                                                                 |                                               |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Coca-Cola Enterprises, Inc.</b>                                                                |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 0 / 2 0 0 4                                            |
| Mailing Address Employee Nonpartisan Committee for<br>Government                                                                                |                                               | Transaction ID: 0827200440C5057                                                                          |
| City State Zip Code<br>Atlanta GA 31139                                                                                                         | Amount of Each Receipt this Period<br>2000.00 |                                                                                                          |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |                                               | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer                                                                                                                                | Occupation                                    |                                                                                                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00           |                                                                                                          |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 64 / 112                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                                                                            |  |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Constellation Brands, Inc. PAC<br>Mailing Address 370 Woodcliff Drive<br>City Fairport State NY Zip Code 14450<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 19 / 2004<br><b>Transaction ID:</b> 0827200440C5251<br>Amount of Each Receipt this Period<br>5000.00 |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                        |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                            |
| Occupation<br>Election Cycle-to-Date ▼<br>5000.00                                                                                                                                                                                          |  |                                                                                                                                                     |

|                                                                                                                                                                                                                                                          |  |                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>Constellation Energy Federal PAC<br>Mailing Address 750 E. Pratt Street, 5th Floor<br>City Baltimore State MD Zip Code 21202<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 07 / 2004<br><b>Transaction ID:</b> 0827200440C5106<br>Amount of Each Receipt this Period<br>1000.00 |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                                      |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                            |
| Occupation<br>Election Cycle-to-Date ▼<br>1000.00                                                                                                                                                                                                        |  |                                                                                                                                                     |

|                                                                                                                                                                                                                                      |  |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>Corepac<br>Mailing Address Suite 500<br>1350 I Street NW<br>City Washington State DC Zip Code 20005-3305<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 10 / 2004<br><b>Transaction ID:</b> 0827200440C4985<br>Amount of Each Receipt this Period<br>500.00 |
| Name of Employer<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                                                  |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)                                           |
| Occupation<br>Election Cycle-to-Date ▼<br>3000.00                                                                                                                                                                                    |  |                                                                                                                                                    |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 65 / 112                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

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

Mailing Address Suite 500  
1350 I Street NW

City Washington State DC Zip Code 20005-3305

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2004

**Transaction ID:** 0827200440C4984

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)  
Dairy Farmers of America, Inc. DEPAC

Mailing Address 10020 N. Ambassador Drive

City Kansas City State MO Zip Code 64153

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2004

**Transaction ID:** 0827200440C5249

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)  
Dealers Election Action Committee of the

Mailing Address National Automobile Dealers Associ  
8400 Westpark Drive

City Mc Lean State VA Zip Code 22102

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2004

**Transaction ID:** 0912200411C6323

Amount of Each Receipt this Period  
5000.00

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>6500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                                                                                                                               |               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                                                                                             | PAGE 66 / 112 |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d                |               |
|                                                                        | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
DeFrancisco Re-Election Committee

Mailing Address Sen. John A. DeFrancisco  
PO Box 7122, Capital Sta.

City Albany State NY Zip Code 12224

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2004

Transaction ID: 0827200440C4925

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)  
Farm Credit Political Action Committee

Mailing Address 50 F. Street NW, Suite 900

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2004

Transaction ID: 0827200440C5110

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Friends for Senator Hoffmann

Mailing Address Hon. Nancy Lorraine Hoffman  
PO Box 208

City Syracuse State NY Zip Code 13214

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

Name of Employer Occupation  
NYS Senate Senator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2004

Transaction ID: 0827200440C4937

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) ..... ▶ **5000.00**

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 67 / 112                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                     |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Betty Little</b>                                                                    |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 9 / 2 0 0 4                                            |  |
| Mailing Address Hon. Betty Little<br>PO Box 4730                                                                                                |                                     | <b>Transaction ID: 0827200440C4938</b>                                                                   |  |
| City State Zip Code<br>Queensbury NY 12804                                                                                                      |                                     | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>NYS Senate                                                                                                                  | Occupation<br>Senator               |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |                                                                                                          |  |

|                                                                                                                                                 |                                    |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Farley</b>                                                                          |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 6 / 2 0 0 4                                            |  |
| Mailing Address Hon. Hugh T. Farley<br>PO Box 9223                                                                                              |                                    | <b>Transaction ID: 0827200440C4933</b>                                                                   |  |
| City State Zip Code<br>Schenectady NY 12309                                                                                                     |                                    | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>NYS Senate                                                                                                                  | Occupation<br>Senator              |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |  |

|                                                                                                                                                 |                                    |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Marty Golden 2002</b>                                                               |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 1 / 2 0 0 4                                            |  |
| Mailing Address Hon. Marty Golden<br>7403 5th Avenue                                                                                            |                                    | <b>Transaction ID: 0827200440C5065</b>                                                                   |  |
| City State Zip Code<br>Brooklyn NY 11209                                                                                                        |                                    | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer                                                                                                                                | Occupation                         |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |  |

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

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 68 / 112                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                            | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                        | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Owen Johnson

Mailing Address Hon. Owen H. Johnson  
PO Box 1281

City State Zip Code  
West Babylon NY 11704

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

Name of Employer Occupation  
NYS Senate Senator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2004

**Transaction ID:** 0827200440C4943

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)  
Friends of Pat McGee

Mailing Address PO Box 1

City State Zip Code  
Franklinville NY 14737

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2004

**Transaction ID:** 0827200440C5062

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)  
Friends of Sen. Serf Maltese

Mailing Address Hon. Serf Maltese  
PO Box 38

City State Zip Code  
Middle Village NY 11379

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

Name of Employer Occupation  
NYS Senate Senator

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2004

**Transaction ID:** 0827200440C4983

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)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 69 / 112                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                                                |  |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends of Senator Libous Committee</b>                                                                                       |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 1 3 / 2 0 0 4                                            |  |
| Mailing Address<br>Thomas Libous<br>59-61 Court Street, 7th Floor                                                                                                              |  | Transaction ID: 0827200440C5054                                                                          |  |
| City State Zip Code<br>Binghamton NY 13902                                                                                                                                     |  | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>1000.00                                                                      |  |

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Senator Seward</b>                                                                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 4                                            |  |
| Mailing Address<br>Hon. James Seward<br>PO Box 20                                                                                               |  | Transaction ID: 0827200440C4930                                                                          |  |
| City State Zip Code<br>Oneonta NY 13820                                                                                                         |  | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>NYS Senate                                                                                                       |  | Election Cycle-to-Date ▼<br>500.00                                                                       |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                                                                                          |  |

|                                                                                                                                                                                |  |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ITW Better Government Committee</b>                                                                                           |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 6 / 0 1 / 2 0 0 4                                            |  |
| Mailing Address<br>3600 W. Lake Avenue                                                                                                                                         |  | Transaction ID: 0827200440C5095                                                                          |  |
| City State Zip Code<br>Glenview IL 60025                                                                                                                                       |  | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                                                |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation<br>Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>1000.00                                                                      |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 70 / 112                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |                                    |                                                                                                          |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. National Council of Farmer Cooperatives</b>                                                    |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 29 / 2004                                                 |                                              |
| Mailing Address Co-Op/PAC<br>50 F Street, NW, Suite 900                                                                                         |                                    | Transaction ID: 0827200440C5232                                                                          |                                              |
| City<br>Washington                                                                                                                              | State<br>DC                        | Zip Code<br>20001                                                                                        | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer                                                                                                                                | Occupation                         |                                                                                                          |                                              |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |                                              |

|                                                                                                                                                 |                                    |                                                                                                          |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. National Grape/Welch Foods PAC</b>                                                             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 17 / 2004                                                 |                                              |
| Mailing Address 2 South Portage Street                                                                                                          |                                    | Transaction ID: 0827200440C5248                                                                          |                                              |
| City<br>Westfield                                                                                                                               | State<br>NY                        | Zip Code<br>14787                                                                                        | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer                                                                                                                                | Occupation                         |                                                                                                          |                                              |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |                                                                                                          |                                              |

|                                                                                                                                                 |                                    |                                                                                                          |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. National Milk Producers Federation PAC</b>                                                     |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 17 / 2004                                                 |                                              |
| Mailing Address 2101 Wilson Blvd., Ste 400                                                                                                      |                                    | Transaction ID: 0827200440C5112                                                                          |                                              |
| City<br>Arlington                                                                                                                               | State<br>VA                        | Zip Code<br>22201                                                                                        | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |                                              |
| Name of Employer                                                                                                                                | Occupation                         |                                                                                                          |                                              |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |                                                                                                          |                                              |

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

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

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 71 / 112                           |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            |
|                                                                              | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>NFG FEDPAC-National Fuel & Gas                                                             |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>06 / 12 / 2004                                                 |  |
| Mailing Address Co. Fed PAC-Multi Candidate<br>10 Lafayette Square                                                                              |  | <b>Transaction ID:</b> 0827200440C5256                                                                   |  |
| City State Zip Code<br>Buffalo NY 14203                                                                                                         |  | Amount of Each Receipt this Period<br>1000.00                                                            |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>1000.00                                                                      |  |

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NY Professional Engineers PAC                                                              |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 11 / 2004                                                 |  |
| Mailing Address 250 Ridgewood Drive                                                                                                             |  | <b>Transaction ID:</b> 0827200440C5079                                                                   |  |
| City State Zip Code<br>Buffalo NY 14226                                                                                                         |  | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>500.00                                                                       |  |

|                                                                                                                                                 |  |                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>NYS Hospital&Healthcare Assoc. Fed PAC                                                     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 11 / 2004                                                 |  |
| Mailing Address One Empire Drive                                                                                                                |  | <b>Transaction ID:</b> 0827200440C5067                                                                   |  |
| City State Zip Code<br>Rensselaer NY 12144                                                                                                      |  | Amount of Each Receipt this Period<br>500.00                                                             |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                                                             |  | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer Occupation                                                                                                                     |  |                                                                                                          |  |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Election Cycle-to-Date ▼<br>500.00                                                                       |  |

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

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

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

FOR LINE NUMBER: PAGE 72 / 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
NYS Hospital&Healthcare Assoc. Fed PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 0827200440C5082

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)  
OPHTHPAC

Mailing Address American Academy of Ophthalmology  
Political Committee

City State Zip Code  
Washington DC 20005-3570

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 4

**Transaction ID:** 0827200440C5217

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)  
Professional Insurance Agents PAC

Mailing Address 400 N. Washington Street

City State Zip Code  
Alexandria VA 22314-2353

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

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

**Transaction ID:** 0827200440C5097

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) ..... ► **3500.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 / 112                |
|                                                                        | <input type="checkbox"/> 11a            | <input type="checkbox"/> 11b |
|                                                                        | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
|                                                                        | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|                                                                        | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|                                                                        |                                         | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Senator Volker Campaign Committee

Mailing Address Dale Volker  
5441 Broadway

City Lancaster State NY Zip Code 14086

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2004

Transaction ID: 0827200440C4813

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)  
The St Paul Travelers Companies Inc. PAC

Mailing Address One Tower Square

City Hartford State CT Zip Code 06183

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2004

Transaction ID: 0827200440C5058

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)  
Time Warner PAC

Mailing Address 800 Connecticut Ave., NW Suite 200

City Washington State DC Zip Code 20006-2712

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2004

Transaction ID: 0827200440C5255

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) .....           | ▶ | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 74 / 112  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
Transport Workers Union Local 100

Mailing Address Political Contributions Committee  
80 West End Avenue

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 4 | / | 2 | 0 | 0 | 4 |

**Transaction ID:** 0827200440C5059

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)  
Uniformed Firefighters Assn FIREPAC

Mailing Address Jim Slevin, Vice President  
204 East 23rd Street

City State Zip Code  
New York NY 10010

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 3 | 0 | / | 2 | 0 | 0 | 4 |

**Transaction ID:** 0827200440C5206

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)  
United Transportation Union PAC

Mailing Address 14600 Detroit Avenue

City State Zip Code  
Lakewood OH 44107

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 1 | 1 | / | 2 | 0 | 0 | 4 |

**Transaction ID:** 0827200440C5076

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) ..... ► **3500.00**

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

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

|                                                                        |                              |                                         |
|------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 75 / 112                           |
|                                                                        | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                           | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 11d                                           | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a            |
| <input type="checkbox"/> 13b                                           | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             |

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

**A.** Full Name (Last, First, Middle Initial)  
William J. Taaffe

Mailing Address 209 W. Lake Road

City State Zip Code  
Penn Yan NY 14527

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

Name of Employer Occupation  
Taaffe Management Group Owner

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 2 | 3 | / | 2 | 0 | 0 | 4 |

Transaction ID: 0827200441C5955

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>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 200.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 59900.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|                                                                              |                                         |                              |                              |                             |
|------------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        |                              | PAGE 76 / 112                |                             |
|                                                                              | (check only one)                        |                              |                              |                             |
| <input type="checkbox"/> 11a                                                 | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13a            | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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|                                                  |
|--------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br>Kuhl for Congress |
|--------------------------------------------------|

|                                                                                                                                                 |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Full Name (Last, First, Middle Initial)<br>A. Steuben County Republican Committee                                                               |                                     |
| Mailing Address Carol Whitehead, Treasurer<br>3651 County Route 72                                                                              |                                     |
| City<br>Jasper                                                                                                                                  | State<br>NY                         |
| Zip Code<br>14855                                                                                                                               |                                     |
| FEC ID number of contributing federal political committee.                                                                                      | C                                   |
| Name of Employer                                                                                                                                | Occupation                          |
| Receipt For: 2004<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |

|                                                                                                          |
|----------------------------------------------------------------------------------------------------------|
| Date of Receipt<br>M M / D D / Y Y Y Y<br>05 / 12 / 2004                                                 |
| Transaction ID: 0827200440C4991                                                                          |
| Amount of Each Receipt this Period<br>1000.00                                                            |
| Receipt<br><input type="checkbox"/> 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) ..... | 1000.00 |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Advantage, Inc.</b>                                                                       |                                                                                                                                      | <b>Transaction ID: 60829.E1507</b><br>Date of Disbursement<br>06 / 21 / 2004 |                                                                                                           |
| Mailing Address 1611 N. Kent Street, Suite 905                                                                                             |                                                                                                                                      | Amount of Each Disbursement this Period<br>5689.28                           |                                                                                                           |
| City Arlington<br>State VA<br>Zip Code 22209-                                                                                              | Purpose of Disbursement<br>IVR MESSAGE<br>Candidate Name                                                                             | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              | IVR MESSAGE                                                                                               |

|                                                                                                                                            |                                                                                                                                      |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Laura Allen</b>                                                                           |                                                                                                                                      | <b>Transaction ID: 70709.E2207</b><br>Date of Disbursement<br>05 / 28 / 2004 |                                                                                                           |
| Mailing Address 84 South Street                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>484.01                            |                                                                                                           |
| City Addison<br>State NY<br>Zip Code 14801-                                                                                                | Purpose of Disbursement<br>PAYROLL<br>Candidate Name                                                                                 | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              | PAYROLL                                                                                                   |

|                                                                                                                                            |                                                                                                                                      |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Laura Allen</b>                                                                           |                                                                                                                                      | <b>Transaction ID: 60828.E1415</b><br>Date of Disbursement<br>06 / 10 / 2004 |                                                                                                           |
| Mailing Address 84 South Street                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>13.65                             |                                                                                                           |
| City Addison<br>State NY<br>Zip Code 14801-                                                                                                | Purpose of Disbursement<br>REIMBURSEMENT FOR POSTAGE OVERNIGHT<br>Candidate Name                                                     | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              | REIMBURSEMENT FOR POSTAGE<br>OVERNIGHT                                                                    |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>6186.94</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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Laura Allen</b>                                                                     |                                                                                                                                | <b>Transaction ID:</b> 70709.E2211<br><b>Date of Disbursement</b><br>06 / 11 / 2004 |
| Mailing Address 84 South Street                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>599.39                                   |
| City Addison State NY Zip Code 14801-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement<br>PAYROLL                                                                                                   |                                                                                                                                | PAYROLL                                                                             |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Laura Allen</b>                                                                     |                                                                                                                                | <b>Transaction ID:</b> 60830.E1510<br><b>Date of Disbursement</b><br>06 / 25 / 2004 |
| Mailing Address 84 South Street                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>6.46                                     |
| City Addison State NY Zip Code 14801-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement<br>REIMBURSEMENT OFFICE SUPPLIES                                                                             |                                                                                                                                | REIMBURSEMENT OFFICE SUPPLIES                                                       |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                     |

|                                                                                                                                      |                                                                                                                                |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Laura Allen</b>                                                                     |                                                                                                                                | <b>Transaction ID:</b> 70709.E2216<br><b>Date of Disbursement</b><br>06 / 25 / 2004 |
| Mailing Address 84 South Street                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>599.38                                   |
| City Addison State NY Zip Code 14801-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                     |
| Purpose of Disbursement<br>PAYROLL                                                                                                   |                                                                                                                                | PAYROLL                                                                             |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1205.23 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Aristotle International, Inc.</b>                                                   |                                                                                                                                | <b>Transaction ID:</b> 60828.E1296<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 6 / 2 0 0 4                                                  |
| Mailing Address 205 Pennsylvania Ave., SE                                                                                            |                                                                                                                                | Amount of Each Disbursement this Period<br>2750.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-                                                                                             | Purpose of Disbursement SOFTWARE SUPPORT<br>Candidate Name                                                                     |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SOFTWARE SUPPORT                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. AT &amp; T Wireless</b>                                                             |                                                                                                                                | <b>Transaction ID:</b> 60828.E1385<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 3 / 2 0 0 4                                                 |
| Mailing Address PO Box 8229                                                                                                          |                                                                                                                                | Amount of Each Disbursement this Period<br>303.20<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Aurora State IL Zip Code 60572-8229                                                                                             | Purpose of Disbursement BLACKBERRY<br>Candidate Name                                                                           |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BLACKBERRY                                                                                                                                               |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Bank of America</b>                                                                 |                                                                                                                                | <b>Transaction ID:</b> 70709.E2198<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 4                                                  |
| Mailing Address P.O. Box 1516                                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>1625.09<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Newark State NJ Zip Code 07101-                                                                                                 | Purpose of Disbursement SEE BELOW<br>Candidate Name                                                                            |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | SEE BELOW                                                                                                                                                 |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4678.29 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                              |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ELDA's on Lark</b>                                                                  |                                              | <b>Transaction ID:</b> 70715.E2392<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 4                                          |
| Mailing Address 205 Lark Street                                                                                                      |                                              | Amount of Each Disbursement this Period<br>507.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Albany State NY Zip Code 12210-                                                                                                 | <b>[MEMO ITEM]</b><br>MEMO: POLITICAL DINNER |                                                                                                                                                          |
| Purpose of Disbursement POLITICAL DINNER<br>Candidate Name                                                                           |                                              | Category/Type                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                              | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                           |

|                                                                                                                                      |                                    |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Kwik Fill 034</b>                                                                   |                                    | <b>Transaction ID:</b> 70715.E2391<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 4                                          |
| Mailing Address 7219 State Route 54                                                                                                  |                                    | Amount of Each Disbursement this Period<br>101.34<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bath State NY Zip Code 14810-                                                                                                   | <b>[MEMO ITEM]</b><br>MEMO: TRAVEL |                                                                                                                                                          |
| Purpose of Disbursement TRAVEL<br>Candidate Name                                                                                     |                                    | Category/Type                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |                                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                           |

|                                                                                                                                      |                                    |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Kwik Fill 034</b>                                                                   |                                    | <b>Transaction ID:</b> 70715.E2427<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 4                                          |
| Mailing Address 7219 State Route 54                                                                                                  |                                    | Amount of Each Disbursement this Period<br>106.06<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bath State NY Zip Code 14810-                                                                                                   | <b>[MEMO ITEM]</b><br>MEMO: TRAVEL |                                                                                                                                                          |
| Purpose of Disbursement TRAVEL<br>Candidate Name                                                                                     |                                    | Category/Type                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Bank One</b>                                                                        |                                                                                                                                | <b>Transaction ID:</b> 60828.E1307<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 8 / 2 0 0 4 |
| Mailing Address P. O. Box 78772                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>417.00                                                        |
| City Phoenix State AZ Zip Code 85062-8772                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                          |
| Purpose of Disbursement<br>AUTOMOBILE LEASE                                                                                          | Candidate Name                                                                                                                 | AUTOMOBILE LEASE                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Bank One</b>                                                                        |                                                                                                                                | <b>Transaction ID:</b> 60828.E1417<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 4 / 2 0 0 4 |
| Mailing Address P. O. Box 78772                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>417.00                                                        |
| City Phoenix State AZ Zip Code 85062-8772                                                                                            | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                          |
| Purpose of Disbursement<br>AUTOMOBILE LEASE                                                                                          | Candidate Name                                                                                                                 | AUTOMOBILE LEASE                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. By Brady</b>                                                                        |                                                                                                                                | <b>Transaction ID:</b> 60828.E1276<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 9 / 2 0 0 4 |
| Mailing Address 58 Liberty Street                                                                                                    |                                                                                                                                | Amount of Each Disbursement this Period<br>256.00                                                        |
| City Bath State NY Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                          |
| Purpose of Disbursement<br>MAGNETIC SIGNS                                                                                            | Candidate Name                                                                                                                 | MAGNETIC SIGNS                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                          |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1090.00 |
| <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)

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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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Hill Club</b>                                                               |                                                                                                                                | Transaction ID: 51130.E642<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 0 8 / 2 0 0 4 |
| Mailing Address 300 First Street, S.E.                                                                                               |                                                                                                                                | Amount of Each Disbursement this Period<br>588.32                                                |
| City Washington State DC Zip Code 20003-                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                  |
| Purpose of Disbursement<br>CATERING                                                                                                  | Candidate Name                                                                                                                 | CATERING                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                  |

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Cookfair Media Inc.</b>                                                             |                                                                                                                                | Transaction ID: 60828.E1316<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 4 |
| Mailing Address 536 Buckingham Avenue                                                                                                |                                                                                                                                | Amount of Each Disbursement this Period<br>5000.00                                                |
| City Syracuse State NY Zip Code 13210-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>MEDIA SERVICES                                                                                            | Candidate Name                                                                                                                 | MEDIA SERVICES                                                                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                   |

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Cookfair Media Inc.</b>                                                             |                                                                                                                                | Transaction ID: 60828.E1317<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 0 / 2 0 0 4 |
| Mailing Address 536 Buckingham Avenue                                                                                                |                                                                                                                                | Amount of Each Disbursement this Period<br>10337.93                                               |
| City Syracuse State NY Zip Code 13210-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>MEDIA SERVICES                                                                                            | Candidate Name                                                                                                                 | MEDIA SERVICES                                                                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 15926.25 |
| <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)

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Corning Incorporated</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60828.E1330<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 4 |
| Mailing Address P. O. Box 75122<br>CP AP 01-15                                                                                       |                                                                                                                                | Amount of Each Disbursement this Period<br>4059.37                                                              |
| City Charlotte State NC Zip Code 28275-5741                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>FOOD AND BEVERAGE                                                                                         | Candidate Name                                                                                                                 | FOOD AND BEVERAGE                                                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. CPE Interlink</b>                                                                   |                                                                                                                                | <b>Transaction ID:</b> 60828.E1395<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 3 / 2 0 0 4 |
| Mailing Address 357 East Fifth Street                                                                                                |                                                                                                                                | Amount of Each Disbursement this Period<br>573.69                                                               |
| City Elmira State NY Zip Code 14901-2233                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>NEW TELEPHONES & INSTALLATION                                                                             | Candidate Name                                                                                                                 | NEW TELEPHONES & INSTALLATION                                                                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Sharon Gunsolus</b>                                                                 |                                                                                                                                | <b>Transaction ID:</b> 60828.E1280<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 1 6 / 2 0 0 4 |
| Mailing Address 26 Pine St                                                                                                           |                                                                                                                                | Amount of Each Disbursement this Period<br>8.46                                                                 |
| City Bath State NY Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>FOOD & BEVERAGE FOR VOLUNTEERS                                                                            | Candidate Name                                                                                                                 | FOOD & BEVERAGE FOR VOLUNTEERS                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 4641.52 |
| <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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Sharon Gunsolus</b>                                                                       |                                                                                                                                      | <b>Transaction ID: 70709.E2203</b><br>Date of Disbursement<br>05 / 14 / 2004 |
| Mailing Address 26 Pine St                                                                                                                 |                                                                                                                                      | Amount of Each Disbursement this Period<br>252.81                            |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |                                                                              |
| Purpose of Disbursement<br>PAYROLL                                                                                                         |                                                                                                                                      | PAYROLL                                                                      |
| Candidate Name                                                                                                                             |                                                                                                                                      |                                                                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                                                                                            |                                                                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Sharon Gunsolus</b>                                                                       |                                                                                                                                      | <b>Transaction ID: 70709.E2206</b><br>Date of Disbursement<br>05 / 28 / 2004 |
| Mailing Address 26 Pine St                                                                                                                 |                                                                                                                                      | Amount of Each Disbursement this Period<br>377.52                            |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |                                                                              |
| Purpose of Disbursement<br>PAYROLL                                                                                                         |                                                                                                                                      | PAYROLL                                                                      |
| Candidate Name                                                                                                                             |                                                                                                                                      |                                                                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                                                                                            |                                                                                                                                      |                                                                              |
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| Full Name (Last, First, Middle Initial)<br><b>C. Sharon Gunsolus</b>                                                                       |                                                                                                                                      | <b>Transaction ID: 70709.E2210</b><br>Date of Disbursement<br>06 / 11 / 2004 |
| Mailing Address 26 Pine St                                                                                                                 |                                                                                                                                      | Amount of Each Disbursement this Period<br>377.52                            |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |                                                                              |
| Purpose of Disbursement<br>PAYROLL                                                                                                         |                                                                                                                                      | PAYROLL                                                                      |
| Candidate Name                                                                                                                             |                                                                                                                                      |                                                                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1007.85 |
| <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)  
Kuhl for Congress

|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Sharon Gunsolus</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 26 Pine St<br>City Bath State NY Zip Code 14810-                                                                                                                                                                                       |  | <b>Transaction ID: 70709.E2214</b><br>Date of Disbursement<br>06 / 25 / 2004<br>Amount of Each Disbursement this Period<br>377.53<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>PAYROLL</b> |
| Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Category/Type<br>PAYROLL                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Hammond &amp; Associates</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 801 N. Pitt Street, Suite 120<br>P. O. Box 16021<br>City Alexandria State VA Zip Code 22314-                                                                                                                                                 |  | <b>Transaction ID: 60828.E1324</b><br>Date of Disbursement<br>05 / 25 / 2004<br>Amount of Each Disbursement this Period<br>2309.98<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>FUNDRAISING CONSULTING</b> |
| Purpose of Disbursement<br>FUNDRAISING CONSULTING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Category/Type<br>FUNDRAISING CONSULTING                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Megan Johnson</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 11 Charlesworth Avenue<br>City Avoca State NY Zip Code 14809-                                                                                                                                                                            |  | <b>Transaction ID: 70709.E2215</b><br>Date of Disbursement<br>06 / 25 / 2004<br>Amount of Each Disbursement this Period<br>278.62<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>PAYROLL</b> |
| Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Category/Type<br>PAYROLL                                                                                                                                                                                                                                   |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2966.13</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                                        |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kaeser &amp; Blair Incorporated</b>                                                                   |                                                                                                                                | Transaction ID: 60828.E1338<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 4 / 2 2 / 2 0 0 4   |  |
| Mailing Address 4236 Grissom Drive                                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>882.19                                                   |  |
| City Batavia State OH Zip Code 45103-                                                                                                                  | Purpose of Disbursement<br>BUMPER STICKERS BALLOONS & ROUND L                                                                  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BUMPER STICKERS BALLOONS & ROUND L                                                                  |  |

|                                                                                                                                                        |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kaeser &amp; Blair Incorporated</b>                                                                   |                                                                                                                                | Transaction ID: 60828.E1340<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 3 / 2 0 0 4   |  |
| Mailing Address 4236 Grissom Drive                                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1490.58                                                  |  |
| City Batavia State OH Zip Code 45103-                                                                                                                  | Purpose of Disbursement<br>BUMPER STICKERS & BUTTONS                                                                           | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | BUMPER STICKERS & BUTTONS                                                                           |  |

|                                                                                                                                                        |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MBNA America</b>                                                                                      |                                                                                                                                | Transaction ID: 60828.E1343<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 8 / 2 0 0 4   |  |
| Mailing Address P. O. Box 15021                                                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>941.68                                                   |  |
| City Wilmington State DE Zip Code 19850-                                                                                                               | Purpose of Disbursement<br>REIMBURSEMENT OF CREDIT CARD CHARGE                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | REIMBURSEMENT OF CREDIT CARD CHARGE                                                                 |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3314.45 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                  |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. MBS Business Products, Inc.</b>                                                     |                                                                                                                                  | <b>Transaction ID: 60828.E1289</b><br>Date of Disbursement<br>04 / 28 / 2004 |
| Mailing Address 11 Melanie Lane<br>P. O. Box 353                                                                                     |                                                                                                                                  | Amount of Each Disbursement this Period<br>634.89                            |
| City East Hanover State NJ Zip Code 07936-                                                                                           | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>CAMPAIGN SIGNS</b> |                                                                              |
| Purpose of Disbursement<br>CAMPAIGN SIGNS                                                                                            |                                                                                                                                  | Category/<br>Type                                                            |
| Candidate Name                                                                                                                       |                                                                                                                                  |                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |                                                                              |

|                                                                                                                                      |                                                                                                                                  |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. MBS Business Products, Inc.</b>                                                     |                                                                                                                                  | <b>Transaction ID: 60828.E1377</b><br>Date of Disbursement<br>06 / 02 / 2004 |
| Mailing Address 11 Melanie Lane<br>P. O. Box 353                                                                                     |                                                                                                                                  | Amount of Each Disbursement this Period<br>9580.00                           |
| City East Hanover State NJ Zip Code 07936-                                                                                           | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>CAMPAIGN SIGNS</b> |                                                                              |
| Purpose of Disbursement<br>CAMPAIGN SIGNS                                                                                            |                                                                                                                                  | Category/<br>Type                                                            |
| Candidate Name                                                                                                                       |                                                                                                                                  |                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |                                                                              |

|                                                                                                                                      |                                                                                                                                |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. McLaughlin and Associates</b>                                                       |                                                                                                                                | <b>Transaction ID: 60828.E1295</b><br>Date of Disbursement<br>05 / 06 / 2004 |
| Mailing Address 566 S. Rte. 303                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>15000.00                          |
| City Blauvelt State NY Zip Code 10913-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br><b>MEDIA BUY</b>    |                                                                              |
| Purpose of Disbursement<br>MEDIA BUY                                                                                                 |                                                                                                                                | Category/<br>Type                                                            |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                              |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>25214.89</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                 |

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                       |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. McLaughlin and Associates</b>                                                             |                                                                                                                                      | Transaction ID: 70709.E2197<br>Date of Disbursement<br>05 / 07 / 2004 |                                                                                                           |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>882.00                     |                                                                                                           |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY<br>Candidate Name                                                                               | Category/<br>Type                                                     | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                       | MEDIA BUY                                                                                                 |

|                                                                                                                                            |                                                                                                                                      |                                                                       |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. McLaughlin and Associates</b>                                                             |                                                                                                                                      | Transaction ID: 60828.E1300<br>Date of Disbursement<br>05 / 12 / 2004 |                                                                                                           |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>15882.00                   |                                                                                                           |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY<br>Candidate Name                                                                               | Category/<br>Type                                                     | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                       | MEDIA BUY                                                                                                 |

|                                                                                                                                            |                                                                                                                                      |                                                                       |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. McLaughlin and Associates</b>                                                             |                                                                                                                                      | Transaction ID: 60828.E1319<br>Date of Disbursement<br>05 / 21 / 2004 |                                                                                                           |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>4800.00                    |                                                                                                           |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY<br>Candidate Name                                                                               | Category/<br>Type                                                     | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                       | MEDIA BUY                                                                                                 |

|                                                                    |             |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 21564.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. McLaughlin and Associates</b>                                                             |                                                                                                                                      | <b>Transaction ID: 60828.E1321</b><br>Date of Disbursement<br>05 / 21 / 2004                        |  |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>5000.00                                                  |  |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>POLITICAL CONSULTING                                                                                      | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | POLITICAL CONSULTING                                                                                |  |

|                                                                                                                                            |                                                                                                                                      |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. McLaughlin and Associates</b>                                                             |                                                                                                                                      | <b>Transaction ID: 60828.E1331</b><br>Date of Disbursement<br>05 / 26 / 2004                        |  |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>12825.00                                                 |  |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>29TH C.D. SURVEY                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 29TH C.D. SURVEY                                                                                    |  |

|                                                                                                                                            |                                                                                                                                      |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. McLaughlin and Associates</b>                                                             |                                                                                                                                      | <b>Transaction ID: 60828.E1332</b><br>Date of Disbursement<br>05 / 26 / 2004                        |  |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>4800.00                                                  |  |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY                                                                                                 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | MEDIA BUY                                                                                           |  |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 22625.00 |
| <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)

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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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. McLaughlin and Associates</b>                                                             |                                                                                                                                      | <b>Transaction ID: 60828.E1378</b><br>Date of Disbursement<br>06 / 03 / 2004 |                                                                                                           |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>5700.00                           |                                                                                                           |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY<br>Candidate Name                                                                               | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |                                                                                                           |

|                                                                                                                                            |                                                                                                                                      |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. McLaughlin and Associates</b>                                                             |                                                                                                                                      | <b>Transaction ID: 60828.E1393</b><br>Date of Disbursement<br>06 / 03 / 2004 |                                                                                                           |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>5000.00                           |                                                                                                           |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>POLITICAL CONSULTING<br>Candidate Name                                                                    | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |                                                                                                           |

|                                                                                                                                            |                                                                                                                                      |                                                                              |                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. McLaughlin and Associates</b>                                                             |                                                                                                                                      | <b>Transaction ID: 60828.E1412</b><br>Date of Disbursement<br>06 / 09 / 2004 |                                                                                                           |
| Mailing Address 566 S. Rte. 303                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>5700.00                           |                                                                                                           |
| City Blauvelt<br>State NY<br>Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY<br>Candidate Name                                                                               | Category/<br>Type                                                            | <input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |                                                                                                           |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 16400.00 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. McLaughlin and Associates</b>                                                       |                                                                                                                                | <b>Transaction ID: 60828.E1419</b><br>Date of Disbursement<br>06 / 17 / 2004                                                                              |
| Mailing Address 566 S. Rte. 303                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>7000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Blauvelt State NY Zip Code 10913-                                                                                               | Purpose of Disbursement<br>MEDIA BUY<br>Candidate Name                                                                         |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | MEDIA BUY                                                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Multi Media Services</b>                                                            |                                                                                                                                | <b>Transaction ID: 60828.E1278</b><br>Date of Disbursement<br>04 / 09 / 2004                                                                             |
| Mailing Address 11136-40 River Road                                                                                                  |                                                                                                                                | Amount of Each Disbursement this Period<br>203.22<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Corning State NY Zip Code 14830-                                                                                                | Purpose of Disbursement<br>DONOR CARDS & ENVELOPES<br>Candidate Name                                                           |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | DONOR CARDS & ENVELOPES                                                                                                                                  |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Multi Media Services</b>                                                            |                                                                                                                                | <b>Transaction ID: 60828.E1277</b><br>Date of Disbursement<br>04 / 09 / 2004                                                                             |
| Mailing Address 11136-40 River Road                                                                                                  |                                                                                                                                | Amount of Each Disbursement this Period<br>340.44<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Corning State NY Zip Code 14830-                                                                                                | Purpose of Disbursement<br>CIRCLE LABELS<br>Candidate Name                                                                     |                                                                                                                                                          |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | CIRCLE LABELS                                                                                                                                            |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>7543.66</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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Multi Media Services</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60828.E1312<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 9 / 2 0 0 4 |
| Mailing Address 11136-40 River Road                                                                                                  |                                                                                                                                | Amount of Each Disbursement this Period<br>2892.93                                                              |
| City Corning State NY Zip Code 14830-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>LETTERHEAD BUSINESS CARDS INVITAT                                                                         |                                                                                                                                | LETTERHEAD BUSINESS CARDS<br>INVITAT                                                                            |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Multi Media Services</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60828.E1314<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 2 0 / 2 0 0 4 |
| Mailing Address 11136-40 River Road                                                                                                  |                                                                                                                                | Amount of Each Disbursement this Period<br>109.80                                                               |
| City Corning State NY Zip Code 14830-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>THANK YOUR NOTE CARDS                                                                                     |                                                                                                                                | THANK YOUR NOTE CARDS                                                                                           |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |

|                                                                                                                                      |                                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. NYS Conservative Party</b>                                                          |                                                                                                                                | <b>Transaction ID:</b> 60828.E1310<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 8 / 2 0 0 4 |
| Mailing Address 325 Parkview Drive                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>300.00                                                               |
| City Schenectady State NY Zip Code 12303-5644                                                                                        | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                                 |
| Purpose of Disbursement<br>AD - PROGRAM FULL PAGE                                                                                    |                                                                                                                                | AD - PROGRAM FULL PAGE                                                                                          |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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>3302.73</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 93 / 112

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                                                                            |  |                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-                                                |  | <b>Transaction ID:</b> 60828.E1279<br><b>Date of Disbursement:</b><br>04 / 15 / 2004                                                                              |
| Purpose of Disbursement: POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Amount of Each Disbursement this Period: 555.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                                                             |  |                                                                                                                                                                   |

|                                                                                                                                                                                            |  |                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-                                                |  | <b>Transaction ID:</b> 60828.E1281<br><b>Date of Disbursement:</b><br>04 / 19 / 2004                                                                              |
| Purpose of Disbursement: POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Amount of Each Disbursement this Period: 222.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                                                             |  |                                                                                                                                                                   |

|                                                                                                                                                                                            |  |                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-                                                |  | <b>Transaction ID:</b> 60828.E1282<br><b>Date of Disbursement:</b><br>04 / 20 / 2004                                                                              |
| Purpose of Disbursement: POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Amount of Each Disbursement this Period: 185.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                                                             |  |                                                                                                                                                                   |

|                                                                    |               |
|--------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>962.00</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)

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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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Postmaster</b>                                                                            |                                                                                                                                      | <b>Transaction ID:</b> 60828.E1286<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 3 / 2 0 0 4 |  |
| Mailing Address 101 Liberty Street                                                                                                         |                                                                                                                                      | Amount of Each Disbursement this Period<br>13.65                                                                |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53             |  |
| Candidate Name                                                                                                                             | Category/Type                                                                                                                        | POSTAGE OVERNIGHT MAIL                                                                                          |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |  |

|                                                                                                                                            |                                                                                                                                      |                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Postmaster</b>                                                                            |                                                                                                                                      | <b>Transaction ID:</b> 60828.E1284<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 3 / 2 0 0 4 |  |
| Mailing Address 101 Liberty Street                                                                                                         |                                                                                                                                      | Amount of Each Disbursement this Period<br>149.50                                                               |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>POSTAGE                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53             |  |
| Candidate Name                                                                                                                             | Category/Type                                                                                                                        | POSTAGE                                                                                                         |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |  |

|                                                                                                                                            |                                                                                                                                      |                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Postmaster</b>                                                                            |                                                                                                                                      | <b>Transaction ID:</b> 60828.E1288<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 4 |  |
| Mailing Address 101 Liberty Street                                                                                                         |                                                                                                                                      | Amount of Each Disbursement this Period<br>13.65                                                                |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53             |  |
| Candidate Name                                                                                                                             | Category/Type                                                                                                                        | POSTAGE OVERNIGHT MAIL                                                                                          |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                 |  |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 176.80 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Postmaster</b>                                                                      |                                                                                                                                | <b>Transaction ID:</b> 60828.E1297<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 6 / 2 0 0 4                                                |
| Mailing Address 101 Liberty Street                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>13.65<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bath State NY Zip Code 14810-                                                                                                   | POSTAGE OVERNIGHT MAIL<br>Category/Type                                                                                        |                                                                                                                                                         |
| Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | Candidate Name                                                                                                                 | POSTAGE OVERNIGHT MAIL                                                                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Postmaster</b>                                                                      |                                                                                                                                | <b>Transaction ID:</b> 60828.E1298<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 7 / 2 0 0 4                                                |
| Mailing Address 101 Liberty Street                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>13.65<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bath State NY Zip Code 14810-                                                                                                   | POSTAGE OVERNIGHT MAIL<br>Category/Type                                                                                        |                                                                                                                                                         |
| Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | Candidate Name                                                                                                                 | POSTAGE OVERNIGHT MAIL                                                                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                         |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Postmaster</b>                                                                      |                                                                                                                                | <b>Transaction ID:</b> 60828.E1301<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 4                                                |
| Mailing Address 101 Liberty Street                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>27.30<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Bath State NY Zip Code 14810-                                                                                                   | POSTAGE OVERNIGHT MAIL<br>Category/Type                                                                                        |                                                                                                                                                         |
| Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | Candidate Name                                                                                                                 | POSTAGE OVERNIGHT MAIL                                                                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 54.60       |
| <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)  
Kuhl for Congress

|                                                                                                                                                        |                                                                                                                                      |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Postmaster</b>                                                                                        |                                                                                                                                      | <b>Transaction ID:</b> 60828.E1311<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 8 / 2 0 0 4 |  |
| Mailing Address 101 Liberty Street                                                                                                                     |                                                                                                                                      | Amount of Each Disbursement this Period<br>185.00                                                        |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                               | Purpose of Disbursement<br>POSTAGE                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53      |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | POSTAGE                                                                                                  |  |

|                                                                                                                                                        |                                                                                                                                      |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Postmaster</b>                                                                                        |                                                                                                                                      | <b>Transaction ID:</b> 60828.E1313<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 9 / 2 0 0 4 |  |
| Mailing Address 101 Liberty Street                                                                                                                     |                                                                                                                                      | Amount of Each Disbursement this Period<br>185.00                                                        |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                               | Purpose of Disbursement<br>POSTAGE                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53      |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | POSTAGE                                                                                                  |  |

|                                                                                                                                                        |                                                                                                                                      |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Postmaster</b>                                                                                        |                                                                                                                                      | <b>Transaction ID:</b> 60828.E1320<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 1 / 2 0 0 4 |  |
| Mailing Address 101 Liberty Street                                                                                                                     |                                                                                                                                      | Amount of Each Disbursement this Period<br>13.65                                                         |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                               | Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53      |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | POSTAGE OVERNIGHT MAIL                                                                                   |  |

|                                                                    |        |
|--------------------------------------------------------------------|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 383.65 |
| <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)  
Kuhl for Congress

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60828.E1318</b><br>Date of Disbursement<br>05 / 21 / 2004<br>Amount of Each Disbursement this Period<br>185.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-<br>Purpose of Disbursement POSTAGE OVERNIGHT MAIL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60828.E1334</b><br>Date of Disbursement<br>05 / 27 / 2004<br>Amount of Each Disbursement this Period<br>13.65<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE OVERNIGHT MAIL |
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60828.E1344</b><br>Date of Disbursement<br>06 / 01 / 2004<br>Amount of Each Disbursement this Period<br>370.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 568.65 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Postmaster</b>                                                                      |                                                                                                                                | <b>Transaction ID:</b> 60828.E1379<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 3 / 2 0 0 4 |
| Mailing Address 101 Liberty Street                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>13.65                                                         |
| City Bath State NY Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                          |
| Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL                                                                                    | Candidate Name                                                                                                                 | POSTAGE OVERNIGHT MAIL                                                                                   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Postmaster</b>                                                                      |                                                                                                                                | <b>Transaction ID:</b> 60828.E1398<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 3 / 2 0 0 4 |
| Mailing Address 101 Liberty Street                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>709.80                                                        |
| City Bath State NY Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                          |
| Purpose of Disbursement<br>POSTAGE OVERNIGHT MAILINGS                                                                                | Candidate Name                                                                                                                 | POSTAGE OVERNIGHT MAILINGS                                                                               |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Postmaster</b>                                                                      |                                                                                                                                | <b>Transaction ID:</b> 60828.E1401<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 4 / 2 0 0 4 |
| Mailing Address 101 Liberty Street                                                                                                   |                                                                                                                                | Amount of Each Disbursement this Period<br>370.00                                                        |
| City Bath State NY Zip Code 14810-                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                          |
| Purpose of Disbursement<br>POSTAGE                                                                                                   | Candidate Name                                                                                                                 | POSTAGE                                                                                                  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                          |

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|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1093.45 |
| <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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Postmaster</b>                                                                            |                                                                                                                                      | Transaction ID: 60828.E1402<br>Date of Disbursement<br>06 / 05 / 2004                                       |
| Mailing Address 101 Liberty Street                                                                                                         |                                                                                                                                      | Amount of Each Disbursement this Period<br>36.20                                                            |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>POSTAGE OVERNIGHT MAILING<br>Candidate Name<br>Category/Type                                              |                                                                                                             |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>POSTAGE OVERNIGHT MAILING |

|                                                                                                                                            |                                                                                                                                      |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Postmaster</b>                                                                            |                                                                                                                                      | Transaction ID: 60828.E1408<br>Date of Disbursement<br>06 / 09 / 2004                     |
| Mailing Address 101 Liberty Street                                                                                                         |                                                                                                                                      | Amount of Each Disbursement this Period<br>566.50                                         |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>POSTAGE<br>Candidate Name<br>Category/Type                                                                |                                                                                           |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>POSTAGE |

|                                                                                                                                            |                                                                                                                                      |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Postmaster</b>                                                                            |                                                                                                                                      | Transaction ID: 60828.E1413<br>Date of Disbursement<br>06 / 09 / 2004                                    |
| Mailing Address 101 Liberty Street                                                                                                         |                                                                                                                                      | Amount of Each Disbursement this Period<br>40.95                                                         |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>POSTAGE OVERNIGHT MAIL<br>Candidate Name<br>Category/Type                                                 |                                                                                                          |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>POSTAGE OVERNIGHT MAIL |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 643.65      |
| <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)

PAGE 100 / 112

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60828.E1416</b><br>Date of Disbursement<br>06 / 10 / 2004<br>Amount of Each Disbursement this Period<br>3.53<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-<br>Purpose of Disbursement POSTAGE OVERNIGHT MAIL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60828.E1420</b><br>Date of Disbursement<br>06 / 17 / 2004<br>Amount of Each Disbursement this Period<br>13.65<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE OVERNIGHT MAIL |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: 60829.E1506</b><br>Date of Disbursement<br>06 / 18 / 2004<br>Amount of Each Disbursement this Period<br>370.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br>POSTAGE |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 387.18      |
| <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)

PAGE 101 / 112

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                                                                                                 |  |                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-                                                                     |  | <b>Transaction ID:</b> 60830.E1509<br><b>Date of Disbursement</b><br>06 / 21 / 2004                                                                                                          |
| Purpose of Disbursement<br>POSTAGE OVERNIGHT MAILINGS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Amount of Each Disbursement this Period<br>95.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>POSTAGE OVERNIGHT MAILINGS</b> |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type                                                                 |  |                                                                                                                                                                                              |

|                                                                                                                                                                                              |  |                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Postmaster</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 101 Liberty Street<br>City Bath State NY Zip Code 14810-                                                  |  | <b>Transaction ID:</b> 60830.E1513<br><b>Date of Disbursement</b><br>06 / 25 / 2004                                                                                        |
| Purpose of Disbursement<br>POSTAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Amount of Each Disbursement this Period<br>185.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>POSTAGE</b> |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type                                              |  |                                                                                                                                                                            |

|                                                                                                                                                                                                    |  |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Staffing &amp; Payroll Solutions</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 6550 Hughes Road<br>City Canisteo State NY Zip Code 14823-                                |  | <b>Transaction ID:</b> 70709.E2273<br><b>Date of Disbursement</b><br>04 / 30 / 2004                                                                                              |
| Purpose of Disbursement<br>PAYROLL TAXES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  | Amount of Each Disbursement this Period<br>505.48<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>PAYROLL TAXES</b> |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Category/Type                                                    |  |                                                                                                                                                                                  |

|                                                                    |               |
|--------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>786.03</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Staffing &amp; Payroll Solutions</b>                                                |                                                                                                                                | Transaction ID: 70709.E2272<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 0 4 |
| Mailing Address 6550 Hughes Road                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>663.48                                                 |
| City Canisteo State NY Zip Code 14823-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>PAYROLL TAXES                                                                                             | Candidate Name                                                                                                                 | PAYROLL TAXES                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                   |

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Staffing &amp; Payroll Solutions</b>                                                |                                                                                                                                | Transaction ID: 70709.E2274<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 7 / 2 0 0 4 |
| Mailing Address 6550 Hughes Road                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>838.99                                                 |
| City Canisteo State NY Zip Code 14823-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>PAYROLL TAXES                                                                                             | Candidate Name                                                                                                                 | PAYROLL TAXES                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                   |

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Staffing &amp; Payroll Solutions</b>                                                |                                                                                                                                | Transaction ID: 70709.E2275<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 0 / 2 0 0 4 |
| Mailing Address 6550 Hughes Road                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>886.90                                                 |
| City Canisteo State NY Zip Code 14823-                                                                                               | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>PAYROLL TAXES                                                                                             | Candidate Name                                                                                                                 | PAYROLL TAXES                                                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2389.37 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Staffing &amp; Payroll Solutions</b>                                                |                                                                                                                                | <b>Transaction ID:</b> 70709.E2276<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 3 0 / 2 0 0 4                                           |
| Mailing Address 6550 Hughes Road                                                                                                     |                                                                                                                                | Amount of Each Disbursement this Period<br>1034.06<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Canisteo State NY Zip Code 14823-                                                                                               | Category/Type                                                                                                                  |                                                                                                                                                           |
| Purpose of Disbursement<br>PAYROLL TAXES                                                                                             |                                                                                                                                | PAYROLL TAXES                                                                                                                                             |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Targeted Creative Communications, Inc.</b>                                          |                                                                                                                                | <b>Transaction ID:</b> 60828.E1285<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 3 / 2 0 0 4                                           |
| Mailing Address 106 S. Columbus Street                                                                                               |                                                                                                                                | Amount of Each Disbursement this Period<br>4000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Category/Type                                                                                                                  |                                                                                                                                                           |
| Purpose of Disbursement<br>TARGETED MAILINGS                                                                                         |                                                                                                                                | TARGETED MAILINGS                                                                                                                                         |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                           |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Targeted Creative Communications, Inc.</b>                                          |                                                                                                                                | <b>Transaction ID:</b> 60828.E1299<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 5 / 1 2 / 2 0 0 4                                           |
| Mailing Address 106 S. Columbus Street                                                                                               |                                                                                                                                | Amount of Each Disbursement this Period<br>5435.71<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Category/Type                                                                                                                  |                                                                                                                                                           |
| Purpose of Disbursement<br>TARGETED MAILINGS                                                                                         |                                                                                                                                | TARGETED MAILINGS                                                                                                                                         |
| Candidate Name                                                                                                                       |                                                                                                                                |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 10469.77 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Creative Communications, Inc.</b>                                          |                                                                                                                                | <b>Transaction ID:</b> 60828.E1404<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 7 / 2 0 0 4                                            |
| Mailing Address 106 S. Columbus Street                                                                                               |                                                                                                                                | Amount of Each Disbursement this Period<br>10556.73<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Purpose of Disbursement<br>TARGETED MAILINGS<br>Candidate Name                                                                 |                                                                                                                                                            |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TARGETED MAILINGS                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Targeted Creative Communications, Inc.</b>                                          |                                                                                                                                | <b>Transaction ID:</b> 60828.E1421<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 1 7 / 2 0 0 4                                           |
| Mailing Address 106 S. Columbus Street                                                                                               |                                                                                                                                | Amount of Each Disbursement this Period<br>4478.72<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314-                                                                                             | Purpose of Disbursement<br>TARGETED MAILING<br>Candidate Name                                                                  |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | TARGETED MAILING                                                                                                                                          |

|                                                                                                                                      |                                                                                                                                |                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. TLS Associates, Inc.</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60828.E1287<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 4 / 2 8 / 2 0 0 4                                           |
| Mailing Address 19 Via Da Vinci                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>5000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Clifton Park State NY Zip Code 12065-                                                                                           | Purpose of Disbursement<br>PROFESSIONAL SERVICES<br>Candidate Name                                                             |                                                                                                                                                           |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PROFESSIONAL SERVICES                                                                                                                                     |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 20035.45 |
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. TLS Associates, Inc.</b>                                                            |                                                                                                                                | <b>Transaction ID:</b> 60828.E1322<br>Date of Disbursement<br>05 / 25 / 2004 |
| Mailing Address 19 Via Da Vinci                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>5000.00                           |
| 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<br>PROFESSIONAL SERVICES                                                                                     | Candidate Name                                                                                                                 | PROFESSIONAL SERVICES                                                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                                                                                      |                                                                                                                                |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. TownPortals.com, Inc.</b>                                                           |                                                                                                                                | <b>Transaction ID:</b> 60828.E1291<br>Date of Disbursement<br>04 / 24 / 2004 |
| Mailing Address P. O. Box 364                                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>3525.00                           |
| City Corning State NY Zip Code 14830-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                              |
| Purpose of Disbursement<br>WEBSITE HOSTING FEES                                                                                      | Candidate Name                                                                                                                 | WEBSITE HOSTING FEES                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                                                                                      |                                                                                                                                |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. TownPortals.com, Inc.</b>                                                           |                                                                                                                                | <b>Transaction ID:</b> 60828.E1292<br>Date of Disbursement<br>04 / 28 / 2004 |
| Mailing Address P. O. Box 364                                                                                                        |                                                                                                                                | Amount of Each Disbursement this Period<br>70.00                             |
| City Corning State NY Zip Code 14830-                                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                              |
| Purpose of Disbursement<br>WEBSITE HOSTING FEES                                                                                      | Candidate Name                                                                                                                 | WEBSITE HOSTING FEES                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                              |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>8595.00</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)

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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)  
Kuhl for Congress

|                                                                                                                                                        |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. TownPortals.com, Inc.</b>                                                                             |                                                                                                                                | Transaction ID: 60828.E1406<br>Date of Disbursement<br>06 / 08 / 2004                               |  |
| Mailing Address P. O. Box 364                                                                                                                          |                                                                                                                                | Amount of Each Disbursement this Period<br>3350.00                                                  |  |
| City Corning<br>State NY<br>Zip Code 14830-                                                                                                            | Purpose of Disbursement<br>WEBSITE HOSTING FEES                                                                                | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | WEBSITE HOSTING FEES                                                                                |  |

|                                                                                                                                                        |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Keelee Trainor</b>                                                                                    |                                                                                                                                | Transaction ID: 70709.E2200<br>Date of Disbursement<br>04 / 30 / 2004                               |  |
| Mailing Address 45 Swan Ln                                                                                                                             |                                                                                                                                | Amount of Each Disbursement this Period<br>330.97                                                   |  |
| City Painted Post<br>State NY<br>Zip Code 14870-                                                                                                       | Purpose of Disbursement<br>PAYROLL                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | PAYROLL                                                                                             |  |

|                                                                                                                                                        |                                                                                                                                |                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Keelee Trainor</b>                                                                                    |                                                                                                                                | Transaction ID: 70709.E2202<br>Date of Disbursement<br>05 / 14 / 2004                               |  |
| Mailing Address 45 Swan Ln                                                                                                                             |                                                                                                                                | Amount of Each Disbursement this Period<br>619.36                                                   |  |
| City Painted Post<br>State NY<br>Zip Code 14870-                                                                                                       | Purpose of Disbursement<br>PAYROLL                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 4300.33 |
| <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)  
Kuhl for Congress

|                                                                                                                                                 |                                                                                                                                      |                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. Keilee Trainor</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 45 Swan Ln<br>City Painted Post State NY Zip Code 14870- |                                                                                                                                      | <b>Transaction ID: 70709.E2205</b><br>Date of Disbursement<br>05 / 28 / 2004                                                                             |
| Purpose of Disbursement<br>PAYROLL<br>Candidate Name                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>619.35<br><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<br>State: District:            | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PAYROLL                                                                                                                                                  |

|                                                                                                                                                 |                                                                                                                                      |                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B. Keilee Trainor</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 45 Swan Ln<br>City Painted Post State NY Zip Code 14870- |                                                                                                                                      | <b>Transaction ID: 70709.E2209</b><br>Date of Disbursement<br>06 / 11 / 2004                                                                             |
| Purpose of Disbursement<br>PAYROLL<br>Candidate Name                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>619.36<br><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<br>State: District:            | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PAYROLL                                                                                                                                                  |

|                                                                                                                                                 |                                                                                                                                      |                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. Keilee Trainor</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 45 Swan Ln<br>City Painted Post State NY Zip Code 14870- |                                                                                                                                      | <b>Transaction ID: 70709.E2213</b><br>Date of Disbursement<br>06 / 25 / 2004                                                                             |
| Purpose of Disbursement<br>PAYROLL<br>Candidate Name                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>814.01<br><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<br>State: District:            | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | PAYROLL                                                                                                                                                  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2052.72 |
| <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 / 112

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Ira Treuhft</b>                                                                           |                                                                                                                                      | Transaction ID: 70709.E2199<br>Date of Disbursement<br>04 / 30 / 2004                     |
| Mailing Address 212 Manor Village                                                                                                          |                                                                                                                                      | Amount of Each Disbursement this Period<br>1143.68                                        |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Category/Type                                                                |                                                                                           |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>PAYROLL |

|                                                                                                                                            |                                                                                                                                      |                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Ira Treuhft</b>                                                                           |                                                                                                                                      | Transaction ID: 60828.E1303<br>Date of Disbursement<br>05 / 12 / 2004                                                |
| Mailing Address 212 Manor Village                                                                                                          |                                                                                                                                      | Amount of Each Disbursement this Period<br>666.50                                                                    |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>REIMBURSEMENT FOR HEALTH INSURANCE<br>Candidate Name<br>Category/Type                                     |                                                                                                                      |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>REIMBURSEMENT FOR HEALTH INSURANCE |

|                                                                                                                                            |                                                                                                                                      |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Ira Treuhft</b>                                                                           |                                                                                                                                      | Transaction ID: 70709.E2201<br>Date of Disbursement<br>05 / 14 / 2004                     |
| Mailing Address 212 Manor Village                                                                                                          |                                                                                                                                      | Amount of Each Disbursement this Period<br>1143.48                                        |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                   | Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Category/Type                                                                |                                                                                           |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><br>PAYROLL |

|                                                                    |             |
|--------------------------------------------------------------------|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2953.66     |
| <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)

PAGE 109 / 112

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                                        |                                                                                                                                      |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ira Treuhaft</b>                                                                                      |                                                                                                                                      | <b>Transaction ID: 70709.E2208</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 8 / 2 0 0 4 |  |
| Mailing Address 212 Manor Village                                                                                                                      |                                                                                                                                      | Amount of Each Disbursement this Period<br>1143.48                                                       |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                               | Purpose of Disbursement<br>PAYROLL                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53      |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type<br>PAYROLL                                                                                 |  |

|                                                                                                                                                        |                                                                                                                                      |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ira Treuhaft</b>                                                                                      |                                                                                                                                      | <b>Transaction ID: 70709.E2212</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 1 / 2 0 0 4 |  |
| Mailing Address 212 Manor Village                                                                                                                      |                                                                                                                                      | Amount of Each Disbursement this Period<br>1143.48                                                       |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                               | Purpose of Disbursement<br>PAYROLL                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53      |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type<br>PAYROLL                                                                                 |  |

|                                                                                                                                                        |                                                                                                                                      |                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Ira Treuhaft</b>                                                                                      |                                                                                                                                      | <b>Transaction ID: 70709.E2217</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 2 5 / 2 0 0 4 |  |
| Mailing Address 212 Manor Village                                                                                                                      |                                                                                                                                      | Amount of Each Disbursement this Period<br>1143.48                                                       |  |
| City Bath<br>State NY<br>Zip Code 14810-                                                                                                               | Purpose of Disbursement<br>PAYROLL                                                                                                   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53      |  |
| Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Category/Type<br>PAYROLL                                                                                 |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3430.44 |
| <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)

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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)  
Kuhl for Congress

|                                                                                                                                            |                                                                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Triad Consultants, LLC</b>                                                                |                                                                                                                                      | <b>Transaction ID: 60828.E1315</b><br>Date of Disbursement<br>05 / 20 / 2004 |
| Mailing Address P. O. Box 79                                                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br>699.30                            |
| City Hammondspport<br>State NY<br>Zip Code 14840-                                                                                          | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |                                                                              |
| Purpose of Disbursement<br>HP LASERJET 2300 PRINTER                                                                                        |                                                                                                                                      | HP LASERJET 2300 PRINTER                                                     |
| Candidate Name                                                                                                                             |                                                                                                                                      |                                                                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                                                                                            |                                                                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>                                                                               |                                                                                                                                      | <b>Transaction ID: 60828.E1308</b><br>Date of Disbursement<br>05 / 18 / 2004 |
| Mailing Address P. O. Box 15124                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>344.20                            |
| City Albany<br>State NY<br>Zip Code 12212-5124                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |                                                                              |
| Purpose of Disbursement<br>CAMPAIGN OFFICE PHONE                                                                                           |                                                                                                                                      | CAMPAIGN OFFICE PHONE                                                        |
| Candidate Name                                                                                                                             |                                                                                                                                      |                                                                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                                                                                            |                                                                                                                                      |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>                                                                               |                                                                                                                                      | <b>Transaction ID: 60828.E1309</b><br>Date of Disbursement<br>05 / 18 / 2004 |
| Mailing Address P. O. Box 15124                                                                                                            |                                                                                                                                      | Amount of Each Disbursement this Period<br>272.48                            |
| City Albany<br>State NY<br>Zip Code 12212-5124                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                                  |                                                                              |
| Purpose of Disbursement<br>CAMPAIGN OFFICE PHONES                                                                                          |                                                                                                                                      | CAMPAIGN OFFICE PHONES                                                       |
| Candidate Name                                                                                                                             |                                                                                                                                      |                                                                              |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                              |

|                                                                    |                |
|--------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>1315.98</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 111 / 112

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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)  
Kuhl for Congress

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>                                                                |                                                                                                                                | Transaction ID: 60828.E1326<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 2 6 / 2 0 0 4 |
| Mailing Address PO Box 15062                                                                                                         |                                                                                                                                | Amount of Each Disbursement this Period<br>239.95                                                 |
| City Albany State NY Zip Code 12212-5108                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>MOBILE PHONE SERVICE                                                                                      | Candidate Name                                                                                                                 | MOBILE PHONE SERVICE                                                                              |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                   |

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Visa</b>                                                                            |                                                                                                                                | Transaction ID: 60828.E1400<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 3 / 2 0 0 4 |
| Mailing Address P. O. Box 30131                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>1429.05                                                |
| City Tampa State FL Zip Code 33630-3131                                                                                              | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>SEE BELOW                                                                                                 | Candidate Name                                                                                                                 | SEE BELOW                                                                                         |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                                                                                                   |

|                                                                                                                                      |                                                                                                                                |                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Verizon</b>                                                                         |                                                                                                                                | Transaction ID: 70715.E2397<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 0 3 / 2 0 0 4 |
| Mailing Address P. O. Box 15124                                                                                                      |                                                                                                                                | Amount of Each Disbursement this Period<br>1429.05                                                |
| City Albany State NY Zip Code 12212-5124                                                                                             | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53                            |                                                                                                   |
| Purpose of Disbursement<br>TELEPHONE SERVICE                                                                                         | Candidate Name                                                                                                                 | <b>[MEMO ITEM]</b><br>MEMO: TELEPHONE SERVICE                                                     |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>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) ..... ▶      | 1669.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 199934.67 |

**Image# 27930925528**

Form/Schedule: **F3A** Amended per FEC Recommendations.

Transaction ID: **C00388173**

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