

# 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

Sweetland08

ADDRESS (number and street)

P.O. Box 155

Check if different than previously reported. (ACC)

Syracuse

NY

13201

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00448977

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

STATE DISTRICT

NY

25

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 11 04 2008 in the State of NY

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert S. Kashdin

Signature of Treasurer Electronically Filed by Robert S. Kashdin

Date

01

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Sweetland08

Report Covering the Period:

From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	40908.00	294730.32
(b) Total Contribution Refunds (from Line 20(d)).....	150.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	40758.00	294730.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	135603.60	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	135603.60	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	21578.57	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**  
Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Sweetland08

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
25310.00	249160.32	277920.32																																																
(ii) Unitemized																																																		
10048.00	45570.00	52168.00																																																
(iii) Total of contributions from individuals																																																		
35358.00	294730.32	330088.32																																																
(b) Political Party Committees																																																		
2800.00	0.00	16600.00																																																
(c) Other Political Committees																																																		
2750.00	0.00	59518.92																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
40908.00	294730.32	406207.24
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	0.00	110.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
40908.00	294730.32	406317.24

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Sweetland08

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
135603.60	0.00	383092.92
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
150.00	0.00	350.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	0.00	500.00
------	------	--------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

150.00	0.00	850.00
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21. OTHER DISBURSEMENTS

0.00	0.00	951.00
------	------	--------

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

135753.60	0.00	384893.92
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

40758.00	294730.32	405357.24
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

135603.60	0.00	382982.92
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	116424.17
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	40908.00
25. SUBTOTAL(add Line 23 and Line 24) .....	157332.17
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	135753.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	21578.57

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

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

FOR LINE NUMBER: PAGE 7 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
James Albanese  
Mailing Address 4460 Taylor Rd.  
City Jamesville State NY Zip Code 13078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WE CARE HOLDINGS Occupation EXECUTIVE  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00  
Date of Receipt 10 / 21 / 2008  
Transaction ID: C-9-069r02  
Amount of Each Receipt this Period 150.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Anderson  
Mailing Address 6364 Island Rd.  
City Cicero State NY Zip Code 13039  
FEC ID number of contributing federal political committee. **C**  
Name of Employer VECTOR CONSTRUCTION CORP Occupation PRESIDENT  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: C-28-069w02  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Frederick J. Bossong  
Mailing Address 6106 Wolfeboro Road  
City Jamesville State NY Zip Code 13078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOSSONG'S COMMERCIAL DELIVERY Occupation VICE PRESIDENT  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2800.00  
Date of Receipt 10 / 28 / 2008  
Transaction ID: C-105-04yn0A  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 8 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 117 Juneway Road

City State Zip Code  
Syracuse NY 13215

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

Name of Employer Occupation  
SYRACUSE UNIVERSITY COLLEGE OF LAW DIRECTOR OF DEVELOPMENT

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

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

**Transaction ID:** C-108-03Rw09

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Karyn Burns

Mailing Address 220 Arnold Ave.

City State Zip Code  
Syracuse NY 13210

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

Name of Employer Occupation  
MACNY GOVERNMENT RELATIONS

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

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

**Transaction ID:** C-154-062t02

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 101 S. Salina St. Suite 1010

City State Zip Code  
Syracuse NY 13203

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

Name of Employer Occupation  
Self-Employed Attorney

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

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

**Transaction ID:** C-199-01g00S

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Richard Clark  
Mailing Address P. O. Box 655

City State Zip Code  
Cazenovia NY 13035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Clark's Petroleum President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1550.00

Date of Receipt  

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

**Transaction ID:** C-206-01CF1Z  
 Amount of Each Receipt this Period  
300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Clark  
Mailing Address 68 Sullivan St.

City State Zip Code  
Cazenovia NY 13035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SULLIVAN ST. CONSULTING EXECUTIVE

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt  

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

**Transaction ID:** C-209-065v03  
 Amount of Each Receipt this Period  
100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Deforest  
Mailing Address 7778 Rolling Ridge Dr.

City State Zip Code  
Manlius NY 13104

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CORDELLE DEVELOPMENT CORP BUILDER

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

Date of Receipt  

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

**Transaction ID:** C-276-06Be02  
 Amount of Each Receipt this Period  
50.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 60
	<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)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Deforest	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 7778 Rolling Ridge Dr.	<b>Transaction ID:</b> C-277-06Be03
	City Manlius State NY Zip Code 13104	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer CORDELLE DEVELOPMENT CORP Occupation BUILDER Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerard D. Di Marco	Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address Two State Street Suite 975	<b>Transaction ID:</b> C-294-049c08
	City Rochester State NY Zip Code 14614	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer DIMARCO & RILEY LLP Occupation ATTORNEY Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank P. Discenza	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 4384 Gates Rd.	<b>Transaction ID:</b> C-298-063o03
	City Jamesville State NY Zip Code 13078	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer TESTONE MARSHALL & DISCEN-ZIA Occupation CPA Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 11 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Frank P. Discenza  
Mailing Address 4384 Gates Rd.  
City Jamesville State NY Zip Code 13078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TESTONE MARSHALL & DISCENZA  
Occupation CPA  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: C-299-063o04  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Frank Duck  
Mailing Address 205 Twin Hills Dr.  
City Syracuse State NY Zip Code 13207  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WILBUR DUCK CHEVROLET & BUICK  
Occupation OWNER  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 11 / 03 / 2008  
Transaction ID: C-316-06FT01  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Paul F. Dudden  
Mailing Address 5882 Devoe Rd.  
City Camillus State NY Zip Code 13031  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BARTON & LOGUIDICE  
Occupation CIVIL ENGINEER  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 10 / 28 / 2008  
Transaction ID: C-319-063c03  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Richard Elander  
Mailing Address 3486 Melvin Drive  
City State Zip Code  
Baldwinsville NY 13027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RLE ASSOCIATES CONSTRUCTION CONSULTANT  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 575.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8  
Transaction ID: C-326-04tq08  
Amount of Each Receipt this Period  
100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Charles O. Falter  
Mailing Address 403 W. Bear Street  
City State Zip Code  
Syracuse NY 13204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
FALTER CONSTRUCTION CONTRACTOR  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3100.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8  
Transaction ID: C-350-05EZ07  
Amount of Each Receipt this Period  
300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James Farrell  
Mailing Address 401 Bass St.  
City State Zip Code  
Liverpool NY 13088  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
PELLA WINDOW DISTRIBUTORS OWNER  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8  
Transaction ID: C-354-068602  
Amount of Each Receipt this Period  
100.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 13 / 60
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NAME OF COMMITTEE (In Full)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Alden Favro	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 95 Quaker Mtg Hills Rd.	<b>Transaction ID:</b> C-355-06F201
	City State Zip Code Honeoye Falls NY 14472	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation NATIONAL FIRE ADJ. CO PUBLIC ADJUSTER	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce Fein	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address PO Box 4	<b>Transaction ID:</b> C-357-06Ed01
	City State Zip Code Preble NY 13141	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation NYSDEC ATTORNEY	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Fielding	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 5 Taylors Rise	<b>Transaction ID:</b> C-364-06F301
	City State Zip Code Rochester NY 14618	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation OPPENHEIMER FUNDS PORTFOLIO MGT	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 60  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 7104 Thorntree Hill Dr.

City Fayetteville State NY Zip Code 13066

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

Name of Employer EF HUTTON & CO. INC Occupation STOCK BROKER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2008  
Transaction ID: C-366-06F401  
Amount of Each Receipt this Period 500.00

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

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

Mailing Address 8 Canal Park Place

City Pittsford State NY Zip Code 14534

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

Name of Employer Flaum Management Occupation PRESIDENT

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2008  
Transaction ID: C-384-05MO02  
Amount of Each Receipt this Period 250.00

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

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

Mailing Address 3365 Elmwood Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer FLAUM MANAGEMENT Occupation OWNER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 10 / 30 / 2008  
Transaction ID: C-386-05ax03  
Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 60
	<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)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Henry Fust		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
	Mailing Address 508 S. Manlius St.		<b>Transaction ID:</b> C-419-002h01
	City Fayetteville	State NY	Zip Code 13066
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Fust, Chambers & Chambers, LLP	Occupation Managing Partner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas R. Goodfellow		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 5240 Townsend Rd.		<b>Transaction ID:</b> C-445-06Dw01
	City Manlius	State NY	Zip Code 13104
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer GOODFELLOW DEVELOPMENT	Occupation OWNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Allen Gotowka		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 490 Telephone Rd.		<b>Transaction ID:</b> C-448-06EI01
	City West Henrietta	State NY	Zip Code 14586
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer LANDMARK ELECTRIC	Occupation PRESIDENT	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.**

Full Name (Last, First, Middle Initial) Richard Guon		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
Mailing Address 27 Mountain Rd.		<b>Transaction ID:</b> C-474-06Ev01
City Rochester	State NY	Zip Code 14625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer GUON CORPORATION	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) David T. Hannan		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address PO Box 173		<b>Transaction ID:</b> C-489-05Ly06
City Pultneyville	State NY	Zip Code 14538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arcadia Family Practice PC	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

**C.**

Full Name (Last, First, Middle Initial) William Heary		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address PO Box 420		<b>Transaction ID:</b> C-512-066h03
City Kings Ferry	State NY	Zip Code 13081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer dILL'S RUN WINERY	Occupation OWNER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Paul Henson  
Mailing Address 6108 Ridgecrest Dr.  
City North Syracuse State NY Zip Code 13212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer PALLGAM COMMUNICATIONS Occupation PRESIDENT/MANAGER  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00  
Date of Receipt 10 / 28 / 2008  
Transaction ID: C-519-065P02  
Amount of Each Receipt this Period 300.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Walter B. D. Hickey Jr.  
Mailing Address 12 Tobey Brook  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HICKEY FREEMAN Occupation CLOTHING EXECUTIVE  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: C-529-057x09  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert W. Hurlburt  
Mailing Address 740 East Avenue  
City Rochester State NY Zip Code 14607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ROHM SERVICES CORP. Occupation PRESIDENT  
Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: C-565-05MP02  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 200 Sheldon Road

City State Zip Code  
Honeoye Falls NY 14472

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

Name of Employer Occupation  
HURLBURT NURSING HOMES PRESIDENT

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 8

**Transaction ID:** C-566-057y04

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Thomas loele

Mailing Address 300 Linden Oaks

City State Zip Code  
Rochester NY 14625

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

Name of Employer Occupation  
EMPLOYEE RELATIONS ASSOCI- ATES PRES & CEO

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** C-574-06FU01

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 6107 Thunderhead Lane

City State Zip Code  
Jamesville NY 13078

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

Name of Employer Occupation  
SYRACUSE CITY SCHOOL DIST- RICT TEACHER

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

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

**Transaction ID:** C-606-05eK02

Amount of Each Receipt this Period  
300.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 245 Whitestone Circle

City State Zip Code  
Syracuse NY 13215

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

Name of Employer  
Greater Syracuse Chamber of Commerce

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1325.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2008

**Transaction ID:** C-630-00RP0R

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Joseph Lane

Mailing Address 1787 Russels Landing

City State Zip Code  
Skaneateles NY 13152

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

Name of Employer  
JJ Lane Construction

Occupation  
owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2008

**Transaction ID:** C-679-064C02

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 15 Ridgeway Estates

City State Zip Code  
Greece NY 14626

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

Name of Employer  
US GOVERNMENT

Occupation  
MARSHALL

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2008

**Transaction ID:** C-689-06F801

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 60  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Sweetland08

**A.**

Full Name (Last, First, Middle Initial)  
Nick Marsella

Mailing Address Sweet Rd.

City Manlius State NY Zip Code 13104

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

Name of Employer BYRNE DAIRY Occupation COO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

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

Transaction ID: C-744-06Ea01

Amount of Each Receipt this Period  
500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Carolyn W. Martin

Mailing Address 7049 Whitney Farm Lane

City Jamesville State NY Zip Code 13078

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

Name of Employer N/A Occupation HOMEMAKER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

775.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: C-751-00Mv04

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
J. Kemper Matt

Mailing Address 5 Meadow Drive

City Fayetteville State NY Zip Code 13066

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

Name of Employer Dupli Graphics, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: C-759-01hT0V

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 60
	<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)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) James P. McKenna	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 7518 E. Dead Creek Rd.	<b>Transaction ID:</b> C-780-063h04
	City State Zip Code Baldwinsville NY 13027	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation PARSONS MCKENNA CONTRACTOR	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Mento	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 441 South Salina Street	<b>Transaction ID:</b> C-797-05BB07
	City State Zip Code Syracuse NY 13202	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation CLOUGH HARBOR & ASSOCIATE-S, LLP. PRINCIPAL	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Mohr	Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 1955 Meeker Hill Rd.	<b>Transaction ID:</b> C-820-065Q02
	City State Zip Code Lafayette NY 13084	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation EASTWOOD LITHO, INC PARTNER	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Mufale		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 556 Golden Height Dr.		<b>Transaction ID:</b> C-836-068X03		
	City Fayetteville	State NY	Zip Code 13066	Amount of Each Receipt this Period 950.00	
	FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>		
Name of Employer SOMMERSET HOMES		Occupation HOME BUILDER			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Palumbo		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 39 State Street Suite 400		<b>Transaction ID:</b> C-899-05Pi02		
	City Rochester	State NY	Zip Code 14614	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>		
Name of Employer FLAUM MANAGEMENT		Occupation BROKER			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Papa		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 1 Nfa Park		<b>Transaction ID:</b> C-902-06FG01		
	City Amherst	State NY	Zip Code 14228	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <input type="checkbox"/>		
Name of Employer NATIONAL FIRE ADJUSTMENT CO		Occupation PUBLIC INSURANCE ADJUSTER			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 6886 Crystal Wood Drive

City State Zip Code  
Liverpool NY 13088

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

Name of Employer Occupation  
Shining Stars DayCare, In- OWNER  
c.

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** C-923-060106

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Terry Pickard

Mailing Address 7844 Cahill Road

City State Zip Code  
Manlius NY 13104

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

Name of Employer Occupation  
OCWA ATTORNEY

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

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

**Transaction ID:** C-935-03MU04

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Doug Pinckney

Mailing Address 760 W. Genesee St.

City State Zip Code  
Syracuse NY 13204

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

Name of Employer Occupation  
PINCKNEY HUGO ADVERTISING

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

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

**Transaction ID:** C-938-06EX01

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 60  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.**

Full Name (Last, First, Middle Initial) Nicholas Pinto		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 157 Fireside Lane		<b>Transaction ID:</b> C-941-058p06
City Camillus	State NY	Zip Code 13031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer BARTON AND LOGUIDICE	Occupation ENGINEER	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

**B.**

Full Name (Last, First, Middle Initial) William G. Pomeroy		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 5404 S. Bay Road		<b>Transaction ID:</b> C-958-05Ug04
City Syracuse	State NY	Zip Code 13221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CABLE EXPRESS, INC.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00	

**C.**

Full Name (Last, First, Middle Initial) William G. Pomeroy		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address 5404 S. Bay Road		<b>Transaction ID:</b> C-959-05Ug05
City Syracuse	State NY	Zip Code 13221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer CABLE EXPRESS, INC.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.**

Full Name (Last, First, Middle Initial)  
Gary Pooler

Mailing Address 3510 Sandy Beach Dr.

City State Zip Code  
Canandaigua NY 14424

FEC ID number of contributing federal political committee. C

Name of Employer  
POOLER ENTERPRISES

Occupation  
OWNER

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2008

**Transaction ID:** C-961-06Es01

Amount of Each Receipt this Period  
1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Thomas P. Quinn

Mailing Address 305 Dewitt Road

City State Zip Code  
Syracuse NY 13214

FEC ID number of contributing federal political committee. C

Name of Employer  
COMMUNITY GENERAL HOSPITAL

Occupation  
PRESIDENT & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2008

**Transaction ID:** C-977-05Cg07

Amount of Each Receipt this Period  
150.00

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

**C.**

Full Name (Last, First, Middle Initial)  
James Ranalli

Mailing Address 450 Tracy Street

City State Zip Code  
Syracuse NY 13204

FEC ID number of contributing federal political committee. C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2008

**Transaction ID:** C-984-01VG04

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2650.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 38 Cheshire Ridge

City State Zip Code  
Victor NY 14564

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

Name of Employer Occupation  
RAYTECH CORP MANAGEMENT

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** C-998-06FH01

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 5125 S. Onondaga Rd.

City State Zip Code  
Nedrow NY 13120

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

Name of Employer Occupation  
W. F. Saunders & Son, Inc Treasurer

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

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

**Transaction ID:** C-1055-01KL0A

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tracy Saunders

Mailing Address 5125 S. Onondaga Rd.

City State Zip Code  
Nedrow NY 13120

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

Name of Employer Occupation  
SAUNDERS COMPANIES VICE PRESIDENT

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** C-1057-06Cy02

Amount of Each Receipt this Period  
500.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Barbara Schunck  
Mailing Address 5217 Silver Fox Dr.  
City Jamesville State NY Zip Code 13078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00  
Date of Receipt 11 / 03 / 2008  
Transaction ID: C-1069-02NX0D  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Linda Smith  
Mailing Address 50 Lincklean St.  
City Cazenovia State NY Zip Code 13035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cazenovia Collège Occupation Part time tutor  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: C-1102-06FJ01  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Linda Smith  
Mailing Address 50 Lincklean St.  
City Cazenovia State NY Zip Code 13035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cazenovia Collège Occupation Part time tutor  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00  
Date of Receipt 11 / 03 / 2008  
Transaction ID: C-1103-06FJ02  
Amount of Each Receipt this Period 410.00  
In-kind for campaign mate  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1160.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 28 / 60  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Susan Stanczyk  
 Mailing Address 8481 Oswego Road  
 City State Zip Code  
 Baldwinsville NY 13027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ONONDAGA COUNTY LEGISLATURE  
 Occupation CLERK  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 Amount of Each Receipt this Period 150.00  
 Transaction ID: C-1123-065502  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Stevenson  
 Mailing Address 4854 Onondaga Rd.  
 City State Zip Code  
 Syracuse NY 13215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF  
 Occupation CONSULTANT  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 Amount of Each Receipt this Period 600.00  
 Transaction ID: C-1140-067u03  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mark Storch  
 Mailing Address 151 North Long  
 City State Zip Code  
 Williamsville NY 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOIT ALBERT ASSOCIATION  
 Occupation ENGINEER  
 Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
 Amount of Each Receipt this Period 500.00  
 Transaction ID: C-1144-06FK01  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 60  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

**A.**

Full Name (Last, First, Middle Initial) Testone Marshall & Discenza		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address The Foundry 432 North Franklin St.		Transaction ID: C-1171-06ET01
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Tmd Consulting & Technology		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address The Foundry 432 North Franklin St.		Transaction ID: C-1177-06ES01
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) James L. Vincent		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address PO Box 189		Transaction ID: C-1205-06EA01
City Byron	State NY	Zip Code 14422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation Dentist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 60  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Sweetland08

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

Mailing Address 20831 Eiss Rd.

City State Zip Code  
La Fargeville NY 13656

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF EMPLOYED FARMER

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

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2008

Transaction ID: C-1217-06Fd01

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Francis Walter

Mailing Address 801 Broad St.

City State Zip Code  
Syracuse NY 13210

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Tisdell, Moore & Walter Attorney

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2008

Transaction ID: C-1223-00Qa0J

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Donald Western

Mailing Address 821 Oakwood St.

City State Zip Code  
Fayetteville NY 13066

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2008

Transaction ID: C-1249-067102

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

**TOTAL** This Period (last page this line number only) ..... 25310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 60
	(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)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Constellation Brands Inc. P. A. C.		Date of Receipt
	Mailing Address C/O Jim Finkle 370 Woodcliff Drive		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fairport	NY	14450
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00304832"/>
Name of Employer		Occupation	Transaction ID: C-232-057o06
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Erdman Anthony & Associates Inc. P. A. C.		Date of Receipt
	Mailing Address One Sterlin Place 100 Sterling Par Suite 212		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mechanicsburg	PA	17050
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00333542"/>
Name of Employer		Occupation	Transaction ID: C-336-06Dv01
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="150.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="150.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Farm Credit P. A. C.		Date of Receipt
	Mailing Address 50 F. Street N. W. Suite 900		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00193631"/>
Name of Employer		Occupation	Transaction ID: C-352-020I0Z
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="3500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2150.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 60  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Sweetland08

A.

Full Name (Last, First, Middle Initial)  
Oaks For Congress

Mailing Address 1497 Willowdale Dr.

City State Zip Code  
Macedon NY 14502

FEC ID number of contributing federal political committee. **C** C00448605

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2008

Transaction ID: C-871-06AY02

Amount of Each Receipt this Period  
600.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2750.00



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60  
(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

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)  
Sweetland08

**A.**

Full Name (Last, First, Middle Initial) Demore For Legislator		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address PO Box 16		<b>Transaction ID:</b> C-287-064Z02
City Fabius	State NY	Zip Code 13063
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Friends Of Brian Kolb		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
Mailing Address PO Box 835		<b>Transaction ID:</b> C-409-06Ek01
City Canandaigua	State NY	Zip Code 14424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Kraft Campaign Committee		Date of Receipt MM / DD / YYYY 11 / 03 / 2008
Mailing Address 49 Bayberry Circle		<b>Transaction ID:</b> C-661-05UB01
City Liverpool	State NY	Zip Code 13090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 34 / 60  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Lincoln Republican Club

Mailing Address C/O Joe Falge Chairman  
27 Hopkins Road

City State Zip Code  
Liverpool NY 13088

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** C-701-039c01

Amount of Each Receipt this Period  
300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Pirro Support Committee

Mailing Address 704 North McBride Street

City State Zip Code  
Syracuse NY 13203

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
600.00

Date of Receipt  

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

**Transaction ID:** C-946-05cs03

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Republican Club Southern Onondaga

Mailing Address PO Box 145

City State Zip Code  
Fabius NY 13063

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** C-1117-06E601

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 60  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Sweetland08

**A.** Full Name (Last, First, Middle Initial)  
Town Of Salina Republican Committee

Mailing Address 313 Pleasantview Dr.

City State Zip Code  
Liverpool NY 13088

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 8

**Transaction ID:** C-1180-06F101

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wayne County Republican Comm

Mailing Address P. O. Box 200

City State Zip Code  
Lyons NY 14489

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C-1227-05BV02

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
West End Republican Club

Mailing Address C/O James Corbett  
133 Blackstone Way

City State Zip Code  
Syracuse NY 13219

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

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

**Transaction ID:** C-1247-06EC01

Amount of Each Receipt this Period  
100.00

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) ..... ► **2800.00**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Sweetland08

A.

Full Name (Last, First, Middle Initial)  
A. C. L. S.

Mailing Address 108 Metropolitan Park Drive

City Liverpool State NY Zip Code 13088

Purpose of Disbursement  
MAILING & POSTAGE  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D4-04DY0n  
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2066.75

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

B.

Full Name (Last, First, Middle Initial)  
A. C. L. S.

Mailing Address 108 Metropolitan Park Drive

City Liverpool State NY Zip Code 13088

Purpose of Disbursement  
MAILINGS  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D5-04DY0o  
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

6063.95

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

C.

Full Name (Last, First, Middle Initial)  
A. C. L. S.

Mailing Address 108 Metropolitan Park Drive

City Liverpool State NY Zip Code 13088

Purpose of Disbursement  
MAILINGS  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D6-04DY0p  
Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1250.03

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

SUBTOTAL of Disbursements This Page (optional) ▶

9380.73

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)  
Sweetland08

<b>A.</b> Full Name (Last, First, Middle Initial) Alliance Bank Cardmember Services Mailing Address P. O. Box 790408 City Saint Louis State MO Zip Code 63179 Purpose of Disbursement gas/food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D16-068r0A <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 170.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>B.</b> Full Name (Last, First, Middle Initial) Alliance Bank Cardmember Services Mailing Address P. O. Box 790408 City Saint Louis State MO Zip Code 63179 Purpose of Disbursement VISA CARD BILL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D17-068r0B <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 31.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>C.</b> Full Name (Last, First, Middle Initial) Alliance Bank Cardmember Services Mailing Address P. O. Box 790408 City Saint Louis State MO Zip Code 63179 Purpose of Disbursement CREDIT CARD PAYMENT SEE M Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D18-068r0C <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5001.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5203.45
<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)  
Sweetland08

<p><b>A.</b> Full Name (Last, First, Middle Initial) Peer 1 Hosting</p> <p>Mailing Address 75 Broad Street 2ND Floor</p> <p>City New York State NY Zip Code 10004</p> <p>Purpose of Disbursement COMPUTER SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D1-06Fr01 <b>Date of Disbursement</b> 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1109.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Twins Delicatessan</p> <p>Mailing Address 500 South Salina Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement FOOD &amp; BEVERAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D2-069304 <b>Date of Disbursement</b> 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 322.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 5640 East Taft Road</p> <p>City North Syracuse State NY Zip Code 13212</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D3-039b24 <b>Date of Disbursement</b> 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 312.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> Credit Card Item</p>

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

<b>A.</b> Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5640 East Taft Road <hr/> City North Syracuse State NY Zip Code 13212 Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D4-039b25 Date of Disbursement 10 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 336.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5640 East Taft Road <hr/> City North Syracuse State NY Zip Code 13212 Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D5-039b26 Date of Disbursement 10 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 336.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5640 East Taft Road <hr/> City North Syracuse State NY Zip Code 13212 Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D6-039b27 Date of Disbursement 10 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 252.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Credit Card Item
	Category/Type	

<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)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) United States Postal Service  Mailing Address 5640 East Taft Road  City North Syracuse State NY Zip Code 13212  Purpose of Disbursement POSTAGE  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D7-039b28 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 252.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Credit Card Item
<b>B.</b>	Full Name (Last, First, Middle Initial) Alliance Bank Cardmember Services  Mailing Address P. O. Box 790408  City Saint Louis State MO Zip Code 63179  Purpose of Disbursement CREDIT CARD PAYMENT SEE M  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D19-068r0D Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 2071.71  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Daisy Dukes  Mailing Address South Clinton Street  City Syracuse State NY Zip Code 13202  Purpose of Disbursement FOOD / BEVERAGE SERVICE  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D1-06Fs01 Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 615.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Credit Card Item

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

2071.71

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Alliance Bank N. A.</p> <p>Mailing Address 120 Madison Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement CREDIT CARD FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D33-06540E</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 113.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Alliance Bank N. A.</p> <p>Mailing Address 120 Madison Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D34-06540F</p> <p>Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 68.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Alliance Bank N. A.</p> <p>Mailing Address 120 Madison Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D35-06540G</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 63.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

245.06

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Alliance Bank N. A.</p> <p>Mailing Address 120 Madison Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement CREDIT CARD FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D36-06540H</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Alliance Bank N. A.</p> <p>Mailing Address 120 Madison Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D37-06540I</p> <p>Date of Disbursement 11 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 86.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Campaignbase Com L. L. C.</p> <p>Mailing Address 235 Harrison Street</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement JULY 08 SERVICES BALANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D46-064o05</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>686.75</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)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Campaignbase Com L. L. C. <hr/> Mailing Address 235 Harrison Street <hr/> City Syracuse State NY Zip Code 13202 <hr/> Purpose of Disbursement MAY 08 SERVICES Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D47-064o06 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Campaignbase Com L. L. C. <hr/> Mailing Address 235 Harrison Street <hr/> City Syracuse State NY Zip Code 13202 <hr/> Purpose of Disbursement OCTOBER 08 SERVICES Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D48-064o07 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Campaignbase Com L. L. C. <hr/> Mailing Address 235 Harrison Street <hr/> City Syracuse State NY Zip Code 13202 <hr/> Purpose of Disbursement WEBSITE SETUP Candidate Name <span style="float: right;">Category/ Type</span> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D49-064o08 Date of Disbursement 11 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**11500.00**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Mr. Scott Clark  Mailing Address 19 Elm St.  City Tully State NY Zip Code 13159  Purpose of Disbursement VOLUNTEER BONUS  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D54-06Fo01 Date of Disbursement 11 / 06 / 2008  Amount of Each Disbursement this Period 250.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Cny Latino Magazine  Mailing Address 1529 Woodmancy Rd.  City Tully State NY Zip Code 13159  Purpose of Disbursement NEWSPAPER ADVERTISEMENT  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D55-06FQ01 Date of Disbursement 10 / 28 / 2008  Amount of Each Disbursement this Period 261.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Cookfair Media Inc.  Mailing Address 536 Buckingham Avenue  City Syracuse State NY Zip Code 13210  Purpose of Disbursement TV ADVERTISING  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D59-03Ek1h Date of Disbursement 10 / 21 / 2008  Amount of Each Disbursement this Period 33600.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

34111.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 60

<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)  
Sweetland08

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cookfair Media Inc.</p> <p>Mailing Address 536 Buckingham Avenue</p> <p>City Syracuse State NY Zip Code 13210</p> <p>Purpose of Disbursement TV ADVERTISING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D60-03Ek1i</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 131.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Corinthian Club</p> <p>Mailing Address 930 James St.</p> <p>City Syracuse State NY Zip Code 13203</p> <p>Purpose of Disbursement FUNDRAISER EVENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D61-06Ff01</p> <p>Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 844.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dupli Envelope &amp; Graphics Corp</p> <p>Mailing Address 360 W. Jefferson St.</p> <p>City Syracuse State NY Zip Code 13202</p> <p>Purpose of Disbursement post cards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D68-03Cr1A</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 5177.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

6152.33

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Mr. Charles Duprey  Mailing Address 6 Tigerwood Drive  City Liverpool State NY Zip Code 13090  Purpose of Disbursement OFFICE SUPPLIES Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D77-064u0A Date of Disbursement 10 / 28 / 2008  Amount of Each Disbursement this Period 34.83  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mr. Charles Duprey  Mailing Address 6 Tigerwood Drive  City Liverpool State NY Zip Code 13090  Purpose of Disbursement PAYROLL Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D78-064u0B Date of Disbursement 10 / 28 / 2008  Amount of Each Disbursement this Period 2232.55  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Charles Duprey  Mailing Address 6 Tigerwood Drive  City Liverpool State NY Zip Code 13090  Purpose of Disbursement POSTAGE REIMBURSEMENT Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D79-064u0C Date of Disbursement 11 / 01 / 2008  Amount of Each Disbursement this Period 743.68  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

3011.06

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Charles Duprey Mailing Address 6 Tigerwood Drive City Liverpool State NY Zip Code 13090 Purpose of Disbursement POSTAGE REIMBURSEMENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D80-064u0D Date of Disbursement 10 / 29 / 2008 Amount of Each Disbursement this Period 126.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Charles Duprey Mailing Address 6 Tigerwood Drive City Liverpool State NY Zip Code 13090 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D81-064u0E Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 2232.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Erie Canal Museum Mailing Address 318 Erie Blvd. East City Syracuse State NY Zip Code 13202 Purpose of Disbursement ROOM RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D86-03BH0B Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

2608.55

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Travis Glazier	Transaction ID: D97-068v03 Date of Disbursement 11 / 06 / 2008
	Mailing Address 4907 Look Kinney Circle	Amount of Each Disbursement this Period 116.85
	City Liverpool State NY Zip Code 13088	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement GAS REIMBURSEMENT	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Kinaneco Printing Systems	Transaction ID: D112-068y04 Date of Disbursement 10 / 20 / 2008
	Mailing Address 2925 Milton Avenue	Amount of Each Disbursement this Period 2582.80
	City Syracuse State NY Zip Code 13209	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PRINTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Lee Wayne Corporation	Transaction ID: D122-068u03 Date of Disbursement 10 / 20 / 2008
	Mailing Address 5140 Paysphere Circle	Amount of Each Disbursement this Period 1986.41
	City Chicago State IL Zip Code 60674	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PRINTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4686.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Max Of Eastman Place Mailing Address 25 Gibbs Street City Rochester State NY Zip Code 14604 Purpose of Disbursement FUNDRAISER EVENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D130-05RW04 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 657.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Media One Communications Mailing Address 109 S. Warren St. Suite 714 City Syracuse State NY Zip Code 13202 Purpose of Disbursement RADIO TV COMMERCIALS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D134-06C603 Date of Disbursement 10 / 21 / 2008 Amount of Each Disbursement this Period 6145.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Media One Communications Mailing Address 109 S. Warren St. Suite 714 City Syracuse State NY Zip Code 13202 Purpose of Disbursement MEDIA SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D135-06C605 Date of Disbursement 10 / 20 / 2008 Amount of Each Disbursement this Period 4747.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>11549.57</b>
<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)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Media One Communications	Transaction ID: D136-06C606
	Mailing Address 109 S. Warren St. Suite 714	Date of Disbursement 10 / 28 / 2008
	City Syracuse State NY Zip Code 13202	Amount of Each Disbursement this Period 3495.00
	Purpose of Disbursement ADVERTISING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Media One Communications	Transaction ID: D137-06C607
	Mailing Address 109 S. Warren St. Suite 714	Date of Disbursement 11 / 05 / 2008
	City Syracuse State NY Zip Code 13202	Amount of Each Disbursement this Period 225.00
	Purpose of Disbursement DEBATE MAKEUP	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Ms. Marissa Mims	Transaction ID: D139-06Fn01
	Mailing Address 136 Washington St.	Date of Disbursement 11 / 06 / 2008
	City Manlius State NY Zip Code 13104	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement VOLUNTEER BONUS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3970.00
<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)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Paratore Signs	Transaction ID: D152-064p05 Date of Disbursement 10 / 20 / 2008
	Mailing Address 1551 Brewerton Road	Amount of Each Disbursement this Period 518.40
	City Syracuse State NY Zip Code 13208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SIGNS	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D164-06910H Date of Disbursement 10 / 28 / 2008
	Mailing Address 911 Panorama Trail S.	Amount of Each Disbursement this Period 977.10
	City Rochester State NY Zip Code 14625	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAYROLL TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: D165-06910I Date of Disbursement 11 / 05 / 2008
	Mailing Address 911 Panorama Trail S.	Amount of Each Disbursement this Period 977.10
	City Rochester State NY Zip Code 14625	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement PAYROLL TAXES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2472.60
<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)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 911 Panorama Trail S.  City Rochester State NY Zip Code 14625  Purpose of Disbursement PAYROLL SVC FEE  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D166-06910J Date of Disbursement 11 / 10 / 2008  Amount of Each Disbursement this Period 110.70  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Paychex  Mailing Address 911 Panorama Trail S.  City Rochester State NY Zip Code 14625  Purpose of Disbursement PAYROLL TAXES  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D167-06910K Date of Disbursement 10 / 31 / 2008  Amount of Each Disbursement this Period 12.75  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Quaker Steak & Lube  Mailing Address 3535 Walters Rd.  City Syracuse State NY Zip Code 13209  Purpose of Disbursement EVENT  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D177-06Fg01 Date of Disbursement 11 / 12 / 2008  Amount of Each Disbursement this Period 1071.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1194.45**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Matthew Rayo <hr/> Mailing Address 15 Brattle Rd. <hr/> City Syracuse State NY Zip Code 13203 <hr/> Purpose of Disbursement VOLUNTEER BONUS <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D180-06FI01 Date of Disbursement 11 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 700.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Julia Robbins <hr/> Mailing Address 460 South Main Street <hr/> City North Syracuse State NY Zip Code 13212 <hr/> Purpose of Disbursement REIMBURSEMENT FARM BUREAU <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D195-06440F Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 15.00 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Julia Robbins <hr/> Mailing Address 460 South Main Street <hr/> City North Syracuse State NY Zip Code 13212 <hr/> Purpose of Disbursement PAYROLL <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D196-06440G Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 1191.91 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1906.91

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.

Full Name (Last, First, Middle Initial)  
Ms. Julia Robbins

Mailing Address 460 South Main Street

City North Syracuse State NY Zip Code 13212

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D197-06440H  
Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

1191.91

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

B.

Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Schepp II

Mailing Address 6 Woodview Terrace

City Fayetteville State NY Zip Code 13066

Purpose of Disbursement  
VOLUNTEER BONUS

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D200-06Fm01  
Date of Disbursement

11 / 06 / 2008

Amount of Each Disbursement this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)  
Linda Smith

Mailing Address 50 Lincklean St.

City Cazenovia State NY Zip Code 13035

Purpose of Disbursement  
\* In-Kind->In-kind for campaign mate

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D202-06FJ01  
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

410.00

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

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

1851.91

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Dale A. Sweetland	Transaction ID: D219-064508 Date of Disbursement 10 / 20 / 2008
	Mailing Address Route 80	Amount of Each Disbursement this Period 62.94
	City Fabius State NY Zip Code 13063	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement road tolls	Category/Type
	Candidate Name C00448977 H8NY25071	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Targeted Creative Communications Inc.	Transaction ID: D223-06FN01 Date of Disbursement 10 / 20 / 2008
	Mailing Address 106 S. Columbus St.	Amount of Each Disbursement this Period 2750.00
	City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement TELE TOWN HALL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: D228-04uZ1n Date of Disbursement 10 / 20 / 2008
	Mailing Address 5015 Campuswood Drive	Amount of Each Disbursement this Period 600.77
	City East Syracuse State NY Zip Code 13057	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement internet phone service	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3413.71</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)  
Sweetland08

<p><b>A.</b> Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address 5015 Campuswood Drive</p> <p>City East Syracuse State NY Zip Code 13057</p> <p>Purpose of Disbursement NOVEMBER SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D229-04uZ1o</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 276.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Type Partners Inc.</p> <p>Mailing Address 3056 Burnet Ave. Suite 3100</p> <p>City Syracuse State NY Zip Code 13206</p> <p>Purpose of Disbursement PRINTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D236-068z02</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1835.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Type Partners Inc.</p> <p>Mailing Address 3056 Burnet Ave. Suite 3100</p> <p>City Syracuse State NY Zip Code 13206</p> <p>Purpose of Disbursement postcards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D237-068z03</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 590.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

2701.75

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5640 East Taft Road <hr/> City North Syracuse State NY Zip Code 13212 Purpose of Disbursement postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D252-039b21 Date of Disbursement 10 / 30 / 2008 <hr/> Amount of Each Disbursement this Period 10261.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5640 East Taft Road <hr/> City North Syracuse State NY Zip Code 13212 Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D253-039b22 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 7442.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) United States Postal Service <hr/> Mailing Address 5640 East Taft Road <hr/> City North Syracuse State NY Zip Code 13212 Purpose of Disbursement POSTAGE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D254-039b23 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 5932.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>23636.29</b>
<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)  
Sweetland08

A.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D265-05bJ0J
	Mailing Address P. O. Box 1712	Date of Disbursement 10 / 20 / 2008
	City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period 282.22
	Purpose of Disbursement telephone service	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: D266-05bJ0K
	Mailing Address P. O. Box 1712	Date of Disbursement 11 / 19 / 2008
	City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period 284.46
	Purpose of Disbursement MONTHLY PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) West Onondaga Properties L. L. C.	Transaction ID: D284-03CP2a
	Mailing Address P. O. Box A. 5126 South Onondaga Road	Date of Disbursement 10 / 20 / 2008
	City Nedrow State NY Zip Code 13120	Amount of Each Disbursement this Period 1200.00
	Purpose of Disbursement OFFICE RENT	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

1766.68

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 60

<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)  
Sweetland08

A.

Full Name (Last, First, Middle Initial)  
West Onondaga Properties L. L. C.

Transaction ID: D285-03CP2b  
Date of Disbursement

Mailing Address P. O. Box A.  
5126 South Onondaga Road

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

City Nedrow State NY Zip Code 13120

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
office rent 1/2 month

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

Candidate Name

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

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

600.00
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TOTAL This Period (last page this line number only) ..... ►

134720.57
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 60

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

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NAME OF COMMITTEE (In Full)  
Sweetland08

A.

Full Name (Last, First, Middle Initial)  
Thomas R. Schepp

Transaction ID: D199-06BQ01

Date of Disbursement

Mailing Address 811 Knighthood Circle

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

City State Zip Code  
Fayetteville NY 13066

Amount of Each Disbursement this Period

150.00
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Purpose of Disbursement  
REFUND OF EXCESS GENERAL

--

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

150.00
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TOTAL This Period (last page this line number only) ..... ►

150.00
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