

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
FRIENDS OF JOHN LAFALGE

ADDRESS (number and street) 625 Fairmont Avenue
 Check if different than previously reported. (ACC)
North Tonawanda NY 14120

2. **FEC IDENTIFICATION NUMBER** C00025379
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 29

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)
(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 04 01 2007 through 06 30 2007

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 Ms Theresa Mary Opalinski
Signature of Treasurer Electronically Filed by Ms Theresa Mary Opalinski Date 07 11 2007

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)
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF JOHN LAFALCE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	15597.48	26411.34
(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)).....	15597.48	26411.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	468851.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
FRIENDS OF JOHN LAFALCE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2383.08	6838.07
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2383.08	6838.07

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15597.48	26411.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	15597.48	26411.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	482065.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	2383.08
25. SUBTOTAL (add Line 23 and Line 24).....	484448.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15597.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	468851.36

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number <input style="width: 100%;" type="text"/>
Name of Principal Campaign Committee FRIENDS OF JOHN LAFALCE		Committee ID Number C <input style="width: 90%;" type="text" value="C00025379"/>
Committee Address 625 Fairmont Avenue		
City North Tonawanda	State NY	ZIP 14120
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	<input style="width: 100%;" type="text" value=".....00"/>	<input style="width: 100%;" type="text" value=".....00"/>
2. Aggregate amount of contributions from personal funds of the candidate	<input style="width: 100%;" type="text" value=".....00"/>	<input style="width: 100%;" type="text" value=".....00"/>
3. Gross receipts minus the candidate's personal contributions	<input style="width: 100%;" type="text" value=".....00"/>	<input style="width: 100%;" type="text" value=".....00"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 16
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input checked="" type="checkbox"/> 15

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)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address HSBC Center		Transaction ID: SA15.9379
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 357.07	
FEC ID number of contributing federal political committee. C		interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1427.49	

Full Name (Last, First, Middle Initial) B. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address HSBC Center		Transaction ID: SA15.9380
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 235.41	
FEC ID number of contributing federal political committee. C		interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1662.90	

Full Name (Last, First, Middle Initial) C. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address HSBC Center		Transaction ID: SA15.9376
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 26.02	
FEC ID number of contributing federal political committee. C		interest - checking <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1688.92	

SUBTOTAL of Receipts This Page (optional) ▶	618.50
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

A. Full Name (Last, First, Middle Initial) HSBC Mailing Address HSBC Center City State Zip Code Buffalo NY 14240 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7 Transaction ID: SA15.9381 Amount of Each Receipt this Period 15.25 interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1704.17		

B. Full Name (Last, First, Middle Initial) HSBC Mailing Address HSBC Center City State Zip Code Buffalo NY 14240 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7 Transaction ID: SA15.9382 Amount of Each Receipt this Period 196.61 interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1900.78		

C. Full Name (Last, First, Middle Initial) HSBC Mailing Address HSBC Center City State Zip Code Buffalo NY 14240 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 Transaction ID: SA15.9377 Amount of Each Receipt this Period 24.39 interest - checking <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1925.17		

SUBTOTAL of Receipts This Page (optional)	236.25
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address HSBC Center		Transaction ID: SA15.9384	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 346.72		
FEC ID number of contributing federal political committee. C	interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2271.89		

Full Name (Last, First, Middle Initial) B. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7	
Mailing Address HSBC Center		Transaction ID: SA15.9386	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 191.06		
FEC ID number of contributing federal political committee. C	interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2462.95		

Full Name (Last, First, Middle Initial) C. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address HSBC Center		Transaction ID: SA15.9385	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 190.97		
FEC ID number of contributing federal political committee. C	interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2653.92		

SUBTOTAL of Receipts This Page (optional) ▶	728.75
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address HSBC Center		Transaction ID: SA15.9387	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 359.45		
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3013.37		

Full Name (Last, First, Middle Initial) B. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address HSBC Center		Transaction ID: SA15.9389	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 212.18		
FEC ID number of contributing federal political committee. C		interest - CD	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3225.55		

Full Name (Last, First, Middle Initial) C. HSBC		Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2007	
Mailing Address HSBC Center		Transaction ID: SA15.9378	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 26.38		
FEC ID number of contributing federal political committee. C		interest - checking	
Name of Employer	Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3251.93		

SUBTOTAL of Receipts This Page (optional) ▶	598.01
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. HSBC		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2007	
Mailing Address HSBC Center		Transaction ID: SA15.9388	
City State Zip Code Buffalo NY 14240	Amount of Each Receipt this Period 198.06		
FEC ID number of contributing federal political committee. C		interest - CD <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3449.99		

Full Name (Last, First, Middle Initial) B. Merril Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007	
Mailing Address P.O. Box 45290		Transaction ID: SA15.9390	
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 1.19		
FEC ID number of contributing federal political committee. C		dividends <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1110.68		

Full Name (Last, First, Middle Initial) C. Merril Lynch Ready Assets Trust		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address P.O. Box 45290		Transaction ID: SA15.9391	
City State Zip Code Jacksonville FL 32232-5290	Amount of Each Receipt this Period 1.20		
FEC ID number of contributing federal political committee. C		dividend <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1111.88		

SUBTOTAL of Receipts This Page (optional) ▶	200.45
TOTAL This Period (last page this line number only) ▶	

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

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

Mailing Address P.O. Box 45290

City State Zip Code
Jacksonville FL 32232-5290

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1113.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: SA15.9428

Amount of Each Receipt this Period
1.12

dividend

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

SUBTOTAL of Receipts This Page (optional)	▶	1.12
TOTAL This Period (last page this line number only)	▶	2383.08

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. Catholic Charities of Buffalo		Transaction ID: SB17.9416 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 7
Mailing Address 525 Washington Street		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14203		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citicards		Transaction ID: SB17.9397 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 5100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sioux Falls State SD Zip Code 57117		
Purpose of Disbursement donations Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citicards		Transaction ID: SB17.9407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address PO Box 6500		Amount of Each Disbursement this Period 5224.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sioux Falls State SD Zip Code 57117		
Purpose of Disbursement donations Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	11324.95
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 16

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. Citicards		Transaction ID: SB17.9425	
Mailing Address PO Box 6500		Date of Disbursement 06 / 25 / 2007	
City Sioux Falls	State SD	Zip Code 57117	Amount of Each Disbursement this Period 412.53
Purpose of Disbursement donations		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 29			

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB17.9398	
Mailing Address 430 SOUTH CAPITOL STREET		Date of Disbursement 04 / 19 / 2007	
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement donation		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 29			

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Friends of Jim Keane		Transaction ID: SB17.9410	
Mailing Address P.O. Box 412		Date of Disbursement 05 / 21 / 2007	
City Cheektowaga	State NY	Zip Code 14225	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement donation		012	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name FRIENDS OF JOHN LAFALCE		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 29			

SUBTOTAL of Disbursements This Page (optional)	912.53
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE		Transaction ID: SB17.9421 Date of Disbursement 06 / 04 / 2007
Mailing Address P.O. Box 730 C/O C. BRUCE LAWRENCE		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Honeoye State NY Zip Code 14471		
Purpose of Disbursement contribution Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Smile Train		Transaction ID: SB17.9426 Date of Disbursement 06 / 25 / 2007
Mailing Address 245 Fifth Avenue Suite 2001		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 [MEMO ITEM]
City New York State NY Zip Code 10016		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. St. Thomas More Guild		Transaction ID: SB17.9418 Date of Disbursement 05 / 30 / 2007
Mailing Address 420 Main Street		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14202		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial) A. St. Thomas More Guild		Transaction ID: SB17.9420 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 420 Main Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo State NY Zip Code 14202		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. The Bretton Woods Committee		Transaction ID: SB17.9400 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 1990 M St., NW Suite 450		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
City Washington State DC Zip Code 20036		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. United Way of Buffalo		Transaction ID: SB17.9408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 742 Delaware Avenue		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 [MEMO ITEM]
City Buffalo State NY Zip Code 14209		
Purpose of Disbursement donation Candidate Name FRIENDS OF JOHN LAFALCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	012 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF JOHN LAFALCE

Full Name (Last, First, Middle Initial)

A. Villanova University School of Law

Mailing Address 299 North Spring Mill Road
Garey Hall

City Villanova State PA Zip Code 19085-1682

Purpose of Disbursement
donation

Candidate Name
FRIENDS OF JOHN LAFALCE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NY District: 29

Transaction ID: SB17.9399

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

14737.48