

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
Tim Bishop for Congress

ADDRESS (number and street) PO Box 437
 Check if different than previously reported. (ACC)
Farmingville NY 11738

2. **FEC IDENTIFICATION NUMBER** C00375618
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 01

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 11 07 2006 in the State of NY
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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 Susan Taylor

Signature of Treasurer Electronically Filed by Susan Taylor Date 10 26 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Tim Bishop for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	44663.00	1348371.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	16900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	44663.00	1331471.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	47112.66	610440.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3233.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47112.66	607206.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	715553.61	
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).....	30600.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Tim Bishop for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

18940.00

777045.00

(ii) Unitemized.....

4713.00

102421.00

(iii) TOTAL of contributions

23653.00

879466.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

21010.00

468905.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

44663.00

1348371.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

3233.96

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

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

44663.00

1351604.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47112.66	610440.93
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	14400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	16900.00
21. OTHER DISBURSEMENTS.....	51000.00	151900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	98112.66	779240.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	769003.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	44663.00
25. SUBTOTAL (add Line 23 and Line 24).....	813666.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	98112.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	715553.61

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. William G. Albertson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 55075 Main Road, Unit 22 Colonial Village		Transaction ID: C21551
City Southhold State NY Zip Code 11971	Amount of Each Receipt this Period 50.00	
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 Retired	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Louise H. Bessire		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address 470 West End Avenue, #13C		Transaction ID: C21477
City New York State NY Zip Code 10024	Amount of Each Receipt this Period 200.00	
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 Management Consultant	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Alan S. Brodherson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 12 E. 86th Street, #1722		Transaction ID: C21573
City New York State NY Zip Code 10028	Amount of Each Receipt this Period 200.00	
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 Attorney	Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1400.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Michael J. Chlystun

Mailing Address 35 Bergen Lane

City State Zip Code
Blue Point NY 11715

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

Name of Employer Smithtown Central School Dist.
Occupation Director of Social Sciences

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

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

Transaction ID: C21484

Amount of Each Receipt this Period
75.00

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

B. Full Name (Last, First, Middle Initial)
Donald K. Corwin

Mailing Address 4 Wolf Swamp Lane

City State Zip Code
Southampton NY 11968

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

Name of Employer
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

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

Transaction ID: C21507

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)
Ana R. Daniel

Mailing Address PO Box 146

City State Zip Code
Sagaponack NY 11962

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

Name of Employer Retired
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: C21531

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)	▶	675.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Richard G. Davis

Mailing Address PO Box 2455

City Amagansett State NY Zip Code 11930

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 950.00

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

Transaction ID: C21474

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)
William F. de Neergaard

Mailing Address 100 Wilderness Way, #246

City Naples State FL Zip Code 34105

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

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

Transaction ID: C21564

Amount of Each Receipt this Period
 200.00

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

C. Full Name (Last, First, Middle Initial)
Joyce Edward

Mailing Address 102 Bellhaven Road

City Bellport State NY Zip Code 11713

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

Name of Employer Self-Employed Occupation Social Worker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: C21434

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)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. Richard Ekstract		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address PO Box 51		Transaction ID: C21468	
City State Zip Code Sagaponack NY 11962		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 Advanstar Wideband Inc. Publisher			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Samuel Eskenazi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 750 Columbus Avenue, #8L		Transaction ID: C21478	
City State Zip Code New York NY 10025		Amount of Each Receipt this Period 1000.00	
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 Retired			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Richard Feinberg		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 87 Quaker Path		Transaction ID: C21491	
City State Zip Code Stony Brook NY 11790		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 Middle Country Library Administrator			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 350.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. Howard Freedman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 686		Transaction ID: C21489
City State Zip Code Greenport NY 11944	Amount of Each Receipt this Period 200.00	
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 Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. Margery Freedman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 6
Mailing Address PO Box 254		Transaction ID: C21471
City State Zip Code Water Mill NY 11976	Amount of Each Receipt this Period 200.00	
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 Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Lisa Garland		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 6
Mailing Address 271 Old Sag Harbor Road PO Box 2034		Transaction ID: C21516
City State Zip Code Sag Harbor NY 11963-2034	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 Sensoryphile Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Election Cycle-to-Date ▼ 2700.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. Peter Gethers		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6	
Mailing Address P.O. Box 480		Transaction ID: C21545	
City Sag Harbor	State NY	Zip Code 11963	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Random House Inc.	Occupation President/Random House Films		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Michael A. Gilbert		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6	
Mailing Address 280 9th Avenue, Apt. 13J		Transaction ID: C21513	
City New York	State NY	Zip Code 10001	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mitchell C. Zwaik	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Aaron W. Godfrey		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 6	
Mailing Address 641 High Street		Transaction ID: C21459	
City Port Jefferson	State NY	Zip Code 11777	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer SUNY Stonybrook	Occupation Teacher		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 725.00		

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Charlton D. Halsey

Mailing Address 1500 Breckrock Road, #131

City State Zip Code
Greenport NY 11944

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

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

Transaction ID: C21483

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)
Joe Hayward

Mailing Address 39 Waters Edge Road

City State Zip Code
Southampton NY 11968

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C21431

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)
Barbara A. Hellering

Mailing Address 75 Jean Court

City State Zip Code
Riverhead NY 11901

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

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

Transaction ID: C21498

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Constance E. Herrick

Mailing Address PO Box 1401

City Southampton State NY Zip Code 11969

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: C21466

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
Marlene Hess

Mailing Address 770 Park Avenue

City New York State NY Zip Code 10021

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

Name of Employer Self-Employed Occupation Philanthropic Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 6

Transaction ID: C21521

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)
Robert L. Hogue, III

Mailing Address 139 E. 79th Street
16th Floor

City New York State NY Zip Code 10021

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: C21416

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) ► 1300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Ann C. Hotung

Mailing Address PO Box 3145

City State Zip Code
Sag Harbor NY 11963

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

450.00

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

Transaction ID: C21454

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)
Barbara V. Jacak

Mailing Address 30 Crane Neck Road

City State Zip Code
Setauket NY 11733

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

Name of Employer Occupation
Stony Brook University Professor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

550.00

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

Transaction ID: C21566

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Terry Kemper

Mailing Address PO Box 41

City State Zip Code
Wainscott NY 11975

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1350.00

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

Transaction ID: C21553

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Robert W. Kenny

Mailing Address 2 Johns Hollow Road

City State Zip Code
Setauket NY 11733-1614

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

Name of Employer Self-Employed Occupation
Artist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1450.00

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

Transaction ID: C21535

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Bruce A. King

Mailing Address 92 Ponguogue Avenue

City State Zip Code
Hampton Bays NY 11946

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

Name of Employer NYIT Occupation
College Professor

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

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

Transaction ID: C21547

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)
Abraham Krasnoff

Mailing Address 3 Valley Road

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4100.00

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

Transaction ID: C21576

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) ► **400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. Julienne Krasnoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 3 Valley Road		Transaction ID: C21575
City State Zip Code Glen Cove NY 11542-1313	Amount of Each Receipt this Period 200.00	
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 Retired	Election Cycle-to-Date ▼ 4900.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Julienne Krasnoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 3 Valley Road		Transaction ID: C21541
City State Zip Code Glen Cove NY 11542-1313	Amount of Each Receipt this Period 700.00	
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 Retired	Election Cycle-to-Date ▼ 4900.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Patricia S. Kyle		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 6 Island Road		Transaction ID: C21540
City State Zip Code East Hampton NY 11937	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 Retired	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
John M. LaSpina

Mailing Address 625 B. Ocean Front

City State Zip Code
Long Beach NY 11561

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

Name of Employer Occupation
Maple Bowling Lanes Owner

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

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

Transaction ID: C21482

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Susan B. Laura

Mailing Address 28 Laurel Road

City State Zip Code
Kings Park NY 11754

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

Name of Employer Occupation
PJ Laura & Sons Electric, Inc. Office Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

450.00

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

Transaction ID: C21532

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)
Martin R. Liebowitz

Mailing Address 16 Woodhull Road

City State Zip Code
East Setauket NY 11733

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

Name of Employer Occupation
SUNY Physician

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

330.00

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

Transaction ID: C21464

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) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Jacqueline Lofaro

Mailing Address PO Box 550

City State Zip Code
Bridgehampton NY 11932-0550

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

Name of Employer Occupation
Self-Employed Documentary Filmmaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C21414

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)
Dennis P. Longwell

Mailing Address PO Box 772

City State Zip Code
Sag Harbor NY 11963

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

Name of Employer Occupation
Pratt Institute Teacher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

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

Transaction ID: C21455

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)
Caroline T. Marese

Mailing Address 1407 Middle Road, #87

City State Zip Code
Calverton NY 11933

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C21439

Amount of Each Receipt this Period
75.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Robert R. Martin

Mailing Address 39 Blueberry Lane

City Darien State CT Zip Code 06820-2510

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

Name of Employer n/a Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: C21571

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)
Stephen L. Martin

Mailing Address 6 Hermitage Street

City Wading River State NY Zip Code 11792

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

Name of Employer FAA Occupation Air Traffic Controller

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

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

Transaction ID: C21556

Amount of Each Receipt this Period
25.00

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

C. Full Name (Last, First, Middle Initial)
Marsha McBride

Mailing Address PO Box 1908

City East Hampton State NY Zip Code 11937

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

Name of Employer Montauk Boatmen & Captains Assn. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C21472

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)	▶	1025.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
E. Blair McCasin

Mailing Address PO Box 424

City State Zip Code
Bridgehampton NY 11932

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

300.00

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

Transaction ID: C21462

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)
Matthew S. Miller

Mailing Address 95 Post Crossing

City State Zip Code
Southampton NY 11968

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

Name of Employer Occupation
AICP CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C21407

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)
Liza S. Nugent

Mailing Address 51 E. 90th Street, Apt. 7B

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
CBRE Real Estate Commercial Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

750.00

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

Transaction ID: C21568

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Morley A. Quatroche, Jr.

Mailing Address 150 Coopers Farm Road
PO Box 5063

City Southampton State NY Zip Code 11969

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

Name of Employer Morley Agency, Inc. Occupation Real Estate/Insurance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: C21530

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Helen M. Raynor

Mailing Address 117 Gatelot Avenue

City Lake Ronkonkoma State NY Zip Code 11779

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

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

Transaction ID: C21494

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 S. Rifkind

Mailing Address 825 - 8th Avenue, 39th Floor

City New York State NY Zip Code 10019

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

Name of Employer Cravath, Swaine & Moore Occupation Lawyer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C21470

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)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Patsy Rogers

Mailing Address PO Box 616

City State Zip Code
New Suffolk NY 11956

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

Name of Employer Occupation
Self-Employed Composer, teacher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2006

Transaction ID: C21453

Amount of Each Receipt this Period
125.00

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

B. Full Name (Last, First, Middle Initial)
Albert Sanders

Mailing Address PO Box 891

City State Zip Code
East Hampton NY 11937

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
10 / 13 / 2006

Transaction ID: C21515

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)
Idoline D. Scheerer

Mailing Address 49 E. 86th Street, Apt. 17A

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2006

Transaction ID: C21418

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Myles W. Schumer

Mailing Address 225 E. 46th Street

City State Zip Code
New York NY 10017

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

Name of Employer
Cornick Garber & Sandler LLP

Occupation
CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: C21563

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Sherry R. Schwartz

Mailing Address 12 Mallard Dr.

City State Zip Code
Center Moriches NY 11934

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

Name of Employer

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: C21488

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)
Helen E. Searing

Mailing Address P.O. Box 302

City State Zip Code
Montauk NY 11954

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

Name of Employer

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

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

Transaction ID: C21506

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)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
George G. Semerjian

Mailing Address PO Box 112

City Southampton State NY Zip Code 11969

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

Name of Employer Self-Employed Occupation Real Estate & Construction

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: C21518

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)
John F. Shea, III

Mailing Address PO Box 1413

City East Hampton State NY Zip Code 11937

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

Name of Employer Twomey, Latham, Shea & Kelley Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: C21552

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)
Sandra E. Shumway

Mailing Address 17 Jupiter Point Road

City Groton State CT Zip Code 06340

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

Name of Employer UCONN Occupation Scientist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	6

Transaction ID: C21504

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)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 46
	<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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Donald W. Smith

Mailing Address 71 Kingfisher Lane

City State Zip Code
Greenport NY 11944-3105

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: C21529

Amount of Each Receipt this Period
350.00

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

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

Mailing Address PO Box 124

City State Zip Code
Shelter Island Hei NY 11965

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

Name of Employer Occupation
Self-Employed Investment Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

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

Transaction ID: C21565

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)
Annaliese Soros

Mailing Address 25 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

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

Transaction ID: C21479

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 46
	<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)
Tim Bishop for Congress

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

Mailing Address PO Box 3001

City State Zip Code
Bridgehampton NY 11932

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

Name of Employer Occupation
Retired

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 775.00

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

Transaction ID: C21536

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)
Gaynell Stone

Mailing Address 2332 N. Wading River Road

City State Zip Code
Wading River NY 11792

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

Name of Employer Occupation
Suffolk Co. Archaeological Assn Museum Director

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: C21523

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)
Richard J. Tarlow

Mailing Address P.O. Box 434

City State Zip Code
Shelter Island NY 11964

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

Name of Employer Occupation
Tarlow Advertising President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3100.00

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

Transaction ID: C21503

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 46
	(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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Anna Throne-Holst

Mailing Address 150 Madison Street

City State Zip Code
Sag Harbor NY 11963

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 15 / 2006

Transaction ID: C21502

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Arthur J. Tillman

Mailing Address 665 Harbor View Avenue

City State Zip Code
Mattituck NY 11952-1135

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

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 10 / 2006

Transaction ID: C21473

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)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	18940.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 46
	(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)
Tim Bishop for Congress

A. AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 13515 YARMOUTH DRIVE
 City State Zip Code
 PICKERINGTON OH 43147
 FEC ID number of contributing federal political committee. **C** C00120238
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 6
Transaction ID: C21543
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. ASBESTOS WORKERS LOCAL 12 FEDERAL PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 25-19 43RD AVENUE
 City State Zip Code
 LONG ISLAND CITY NY 11101
 FEC ID number of contributing federal political committee. **C** C00398040
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 0 3 / 2 0 0 6
Transaction ID: C21410
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Avenue NW
 South Building Suite 600
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00007880
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 6
Transaction ID: C21514
 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)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 46
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INT

Mailing Address 1125 17TH ST. NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: C21406

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 Constitution Avenue NW
Suite 500 West

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID: C21486

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)
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing Address 900 Seventh St. N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: C21517

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 46
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1725 JEFFERSON DAVIS HIGHWAY CRYSTAL SQUARE TWO SUITE 300		Transaction ID: C21538
City ARLINGTON State VA Zip Code 22202	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00303024	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. PARSONS BRINCKERHOFF INC. PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 1401 K Street NW Suite 701		Transaction ID: C21539
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00287003	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. SHEET METAL AND AIR CONDITIONING CONTRACTORS' POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6
Mailing Address 4201 LAFAYETTE CENTER DRIVE		Transaction ID: C21550
City CHANTILLY State VA Zip Code 22021	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00013961	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 6000.00		

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 46
	(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)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
Sheet Metal Workers PAC

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID: C21501

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Sierra Club Political Committee

Mailing Address 85 Second Street, Second Floor

City San Francisco State CA Zip Code 94105-3441

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2030.00

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

Transaction ID: C21574

Amount of Each Receipt this Period
10.00

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

* In-Kind: Website endorsement

C. Full Name (Last, First, Middle Initial)
SWIFT & COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1770 Promontory Circle

City Greeley State CO Zip Code 80634

FEC ID number of contributing federal political committee. **C** C00394650

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: C21467

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	4510.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 46
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMIT

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: C21567

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATION INC GOOD GOVT CLUB

Mailing Address 1717 Arch Street 47-S
1717 ARCH ST. 47S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: C21557

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)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	21010.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. Angle & Associates, Inc.		Transaction ID: D2721 Date of Disbursement 10 / 01 / 2006	
Mailing Address 6 E Street, SE		Amount of Each Disbursement this Period 4500.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising consulting fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Karel Brewster		Transaction ID: D2727 Date of Disbursement 10 / 04 / 2006	
Mailing Address 499 S. Capitol Street SW Suite 608		Amount of Each Disbursement this Period 300.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising event expense	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Adam Goldstein		Transaction ID: D2720 Date of Disbursement 10 / 01 / 2006	
Mailing Address 19 Woodhull Road		Amount of Each Disbursement this Period 250.00	
City East Setauket State NY Zip Code 11733	Purpose of Disbursement Political consulting fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	5050.00
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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. MCB Consulting, Inc.		Transaction ID: D2729 Date of Disbursement 10 / 01 / 2006	
Mailing Address 129 Wolley Street		Amount of Each Disbursement this Period 10000.00	
City Southampton State NY Zip Code 11968	Purpose of Disbursement Fundraising consulting fee	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Mission Control, Inc.		Transaction ID: D2731 Date of Disbursement 10 / 01 / 2006	
Mailing Address 201 Adams Street		Amount of Each Disbursement this Period 5750.00	
City Manchester State CT Zip Code 06040	Purpose of Disbursement Printing expenses	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Monarch Graphics, Inc.		Transaction ID: D2732 Date of Disbursement 10 / 01 / 2006	
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 323.18	
City Central Islip State NY Zip Code 11722	Purpose of Disbursement Printing expense	<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 State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	16073.18
TOTAL 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)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. NEW YORK STATE DEMOCRATIC COMMITTEE		Transaction ID: D2733 Date of Disbursement 10 / 01 / 2006
Mailing Address 60 MADISON AVENUE SUITE 1201		Amount of Each Disbursement this Period 5200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City NEW YORK State NY Zip Code 10010	Category/ Type	
Purpose of Disbursement Voter file		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NGP Software, Inc.		Transaction ID: D2735 Date of Disbursement 10 / 04 / 2006
Mailing Address 1101 Vermont Avenue, NW Suite 710		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement Tech support		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Jon Schneider		Transaction ID: D2726 Date of Disbursement 10 / 01 / 2006
Mailing Address 3001 Veazey Terrace, NW		Amount of Each Disbursement this Period 6500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016	Category/ Type	
Purpose of Disbursement Political consulting fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
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)
Tim Bishop for Congress

A. Jon Schneider Full Name (Last, First, Middle Initial) Mailing Address 3001 Veazey Terrace, NW City Washington State DC Zip Code 20016 Purpose of Disbursement Travel expense reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2725 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Edward L. Shimkus Full Name (Last, First, Middle Initial) Mailing Address 10 Turtle Pond Rd. City Southampton State NY Zip Code 11968 Purpose of Disbursement Political consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2724 Date of Disbursement 10 / 01 / 2006 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
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C. South Shore Press Full Name (Last, First, Middle Initial) Mailing Address PO Box 610 City Moriches State NY Zip Code 11955 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2737 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 299.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	2189.00
TOTAL 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)
Tim Bishop for Congress

A. Lisa Weiber Full Name (Last, First, Middle Initial) Mailing Address 156 Officials Avenue City Holbrook State NY Zip Code 11741 Purpose of Disbursement Political consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2728 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Winpisinger & Associates, Inc. Full Name (Last, First, Middle Initial) Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement FEC preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2751 Date of Disbursement 10 / 01 / 2006 Amount of Each Disbursement this Period 4526.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. MCB Consulting, Inc. Full Name (Last, First, Middle Initial) Mailing Address 129 Wolley Street City Southampton State NY Zip Code 11968 Purpose of Disbursement Expenses (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2730 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 2929.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional) ▶	11455.48
TOTAL 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)
Tim Bishop for Congress

A. Staples Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State ID Zip Code 50368 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D2738 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 76.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

B. Staples Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State ID Zip Code 50368 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D2739 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 186.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

C. Staples Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State ID Zip Code 50368 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: D2741 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 219.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

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)
Tim Bishop for Congress

<p>A. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State ID Zip Code 50368</p> <p>Purpose of Disbursement Office supplies</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>Transaction ID: D2742</p> <p>Date of Disbursement</p> <p>10 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>42.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State ID Zip Code 50368</p> <p>Purpose of Disbursement Office supplies</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>Transaction ID: D2743</p> <p>Date of Disbursement</p> <p>10 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>68.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address PO Box 9020</p> <p>City Des Moines State ID Zip Code 50368</p> <p>Purpose of Disbursement Office supplies</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>Transaction ID: D2744</p> <p>Date of Disbursement</p> <p>10 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>60.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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)
Tim Bishop for Congress

A. Staples Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State ID Zip Code 50368 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2745 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 37.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address PO Box 9020 City Des Moines State ID Zip Code 50368 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: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2740 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 83.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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C. Topiare Full Name (Last, First, Middle Initial) Mailing Address 51 Jobs Lane City Southampton State NY Zip Code 11968 Purpose of Disbursement Fundraising event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D2748 Date of Disbursement 10 / 04 / 2006 Amount of Each Disbursement this Period 222.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

<p>A. Topiare</p> <p>Full Name (Last, First, Middle Initial) Topiare</p> <p>Mailing Address 51 Jobs Lane</p> <p>City Southampton State NY Zip Code 11968</p> <p>Purpose of Disbursement Fundraising event expense</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>Transaction ID: D2747</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="499.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. US Postmaster</p> <p>Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address Hampton Road</p> <p>City Southampton State NY Zip Code 11968</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</p> <p>State: District:</p>		<p>Transaction ID: D2749</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1170.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. US Postmaster</p> <p>Full Name (Last, First, Middle Initial) US Postmaster</p> <p>Mailing Address Hampton Road</p> <p>City Southampton State NY Zip Code 11968</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</p> <p>State: District:</p>		<p>Transaction ID: D2750</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="117.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value="46767.66"/></p>

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. BOSWELL FOR CONGRESS		Transaction ID: D2752 Date of Disbursement 10 / 16 / 2006
Mailing Address PO Box 6220		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 Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Contribution Candidate Name Leonard L. Boswell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BROWN FOR CONGRESS		Transaction ID: D2753 Date of Disbursement 10 / 16 / 2006
Mailing Address P. O. Box 4506		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 Auburn	State CA	
Zip Code 95604		
Purpose of Disbursement Contribution Candidate Name Charles D. Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. COMMITTEE TO ELECT CHRIS MURPHY		Transaction ID: D2754 Date of Disbursement 10 / 16 / 2006
Mailing Address P.O. Box 127		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 Cheshire	State CT	
Zip Code 06410		
Purpose of Disbursement Contribution Candidate Name Christopher Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. Committee to Elect Maria W. Schwenk		Transaction ID: D2722 Date of Disbursement 10 / 17 / 2006
Mailing Address 91 Wooley 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 Southampton State NY Zip Code 11968	Purpose of Disbursement Non-Federal Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. COURTNEY FOR CONGRESS		Transaction ID: D2755 Date of Disbursement 10 / 16 / 2006
Mailing Address 38 Risley Road		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 Vernon State CT Zip Code 06066	Purpose of Disbursement Contribution Candidate Name Joseph D. Courtney	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: D2723 Date of Disbursement 10 / 09 / 2006
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 37500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Unlimited transfer to national party com Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	39500.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. FRIENDS OF JIM MARSHALL		Transaction ID: D2756 Date of Disbursement 10 / 16 / 2006
Mailing Address PO BOX 125		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 MACON State GA Zip Code 31201	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Jim Marshall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HEATH SHULER FOR CONGRESS		Transaction ID: D2757 Date of Disbursement 10 / 16 / 2006
Mailing Address PO Box 97		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 Hazelwood State NC Zip Code 28738	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joseph Heath Shuler		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. HOOLEY FOR CONGRESS		Transaction ID: D2758 Date of Disbursement 10 / 16 / 2006
Mailing Address PO BOX 2050		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 SALEM State OR Zip Code 97308	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial) A. KLEIN FOR CONGRESS		Transaction ID: D2759 Date of Disbursement 10 / 16 / 2006
Mailing Address 21301 POWERLINE ROAD SUITE 204		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 BOCA RATON State FL Zip Code 33433	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Ron Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MEJIAS FOR CONGRESS		Transaction ID: D2760 Date of Disbursement 10 / 16 / 2006
Mailing Address 124 SUNRISE DRIVE		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City N MASSAPEQUA State NY Zip Code 11758	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name David L. Mejias		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MEJIAS FOR CONGRESS		Transaction ID: D2763 Date of Disbursement 10 / 16 / 2006
Mailing Address 124 SUNRISE DRIVE		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 N MASSAPEQUA State NY Zip Code 11758	Category/ Type	
Purpose of Disbursement 9/26/06 check lost		
Candidate Name David L. Mejias		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Tim Bishop for Congress

Full Name (Last, First, Middle Initial)

A. NEW YORK STATE DEMOCRATIC COMMITTEE

Mailing Address 60 MADISON AVENUE SUITE 1201

City State Zip Code
NEW YORK NY 10010

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D2734

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)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 / 46
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Tim Bishop for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doug Dodson	Nature of Debt (Purpose): Campaign manager consulting salary
Mailing Address 2009 Benjiman	
City State ZIP Code Sanger TX 76266	

Outstanding Balance Beginning This Period	Transaction ID: D765	
30600.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	30600.00

1) SUBTOTALS This Period This Page (optional).....	30600.00
2) TOTALS This Period (last page this line number only).....	30600.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	