

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Doyle for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	134750.00	137250.00
(b) Total Contribution Refunds (from Line 20(d)).....	5400.00	5400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	129350.00	131850.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	30699.82	52171.39
(b) Total Offsets to Operating Expenditures (from Line 14).....	196.80	196.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30503.02	51974.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	344973.94	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Doyle for Congress Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

90650.00

92650.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions

90650.00

92650.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

44100.00

44600.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

134750.00

137250.00

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

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

196.80

196.80

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)..... ▶

134946.80

137446.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	30699.82	52171.39
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.....	4600.00	4600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	800.00	800.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5400.00	5400.00
21. OTHER DISBURSEMENTS.....	3925.00	7475.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	40024.82	65046.39

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	250051.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	134946.80
25. SUBTOTAL (add Line 23 and Line 24).....	384998.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	40024.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	344973.94

**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 / 73
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
AAJ PAC

Mailing Address 1050 31st Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7808

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
ACRE PAC

Mailing Address Action Com. for Rural Electrificat
4301 Wilson Blvd.

City Arlington State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: 70409.C7805

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Air Products PAC

Mailing Address P. O. Box 441

City Trexlertown State PA Zip Code 18087

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 70409.C7779

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Allegheny Power PAC

Mailing Address 800 Cabin Hill Drive

City Greensburg State PA Zip Code 15601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 05 / 2007

Transaction ID: 70409.C7713

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Altria Group, Inc. PAC

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2007

Transaction ID: 70409.C7803

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
Amazon.com PAC

Mailing Address 126 C Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2007

Transaction ID: 70409.C7812

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	7

Transaction ID: 70409.C7802

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Podiatric Medical Assoc., Inc.

Mailing Address 9312 Old Georgetown Rd.

City Bethesda State MD Zip Code 20814

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: 70409.C7787

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Soc. Of Radiologic Tech. PAC

Mailing Address 15000 Central Avenue SE

City Albuquerque State NM Zip Code 87123-3909

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	7

Transaction ID: 70409.C7794

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 73
	(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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Blue Cross/Shield PAC

Mailing Address The Blue Cross & Blue Shield Asso
1310 G Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7795

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Comcast Corporation PAC

Mailing Address 1500 Market Street

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: 70409.C7792

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
COMPTEL PAC

Mailing Address 900 17th St, NW, Suite 400

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 70409.C7786

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Covad Communications DSL America Pac

Mailing Address 600 14th St. NW Suite 750

City State Zip Code
Washington DC 20005-2088

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C7784

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Curtiss Wright Employees PAC

Mailing Address 2941 Fairview Park Drive Suite 850

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 06 / 2007

Transaction ID: 70409.C7800

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address of the National Auto Dealers Assoc
8400 Westpark Drive

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: 70409.C7806

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 73
	(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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Eschelon PAC

Mailing Address 730 2nd Ave. S. Suite 900

City State Zip Code
Minneapolis MN 55402-2489

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2007

Transaction ID: 70409.C7814

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Exelon PAC

Mailing Address P.O. Box 805379

City State Zip Code
Chicago IL 60680-5379

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70409.C7809

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
GM PAC

Mailing Address 25 Massachusetts Avenue, NW
Suite 400

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2007

Transaction ID: 70409.C7773

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Highmark Health PAC

Mailing Address 1800 Center Street

City State Zip Code
Camp Hill PA 17089-0089

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2007

Transaction ID: 70409.C7807

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
HIPAC PAC

Mailing Address 101 Constitution Ave. NW, Suite 50

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 70409.C7793

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Honeywell Int. PAC

Mailing Address 101 constitutio Ave., NW
Ste. 500 W.

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 70409.C7817

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 73
	(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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Humane USA PAC

Mailing Address P. O. Box 19224

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7797

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Internat. Union of Operating Engineers

Mailing Address Engineers Political Education Comi
1125 17th Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2007

Transaction ID: 70409.C7816

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Jewish Community PAC of Pgh

Mailing Address P.O. Box 8125

City State Zip Code
Pittsburgh PA 15217

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7715

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5300.00**

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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jewish Community PAC of Pgh

Mailing Address P.O. Box 8125

City State Zip Code
Pittsburgh PA 15217

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7771

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Natl. Air Traffic Controllers Assoc. PAC

Mailing Address 1325 Massachusetts Ave., NW

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7796

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
PMA Group PAC

Mailing Address 1755 Jefferson Davis Hwy., Ste 110

City State Zip Code
Arlington VA 22202-3509

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7714

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5300.00
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 14 / 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
PPG Industries, Inc. PAC

Mailing Address One PPG Place

City State Zip Code
Pittsburgh PA 15272

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 24 / 2007

Transaction ID: 70409.C7772

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Siemens Corporation PAC

Mailing Address 601 Pennsylvania Avenue, NW
North Bldg., Suite 1100

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 14 / 2007

Transaction ID: 70409.C7799

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Sprint Nextel PAC

Mailing Address 2001 Edmund Halley Dr.

City State Zip Code
Reston VA 20191

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 30 / 2007

Transaction ID: 70409.C7813

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 73
	(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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
T-Mobile Political Action Com.

Mailing Address 401 9th Street NW Suite 550

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: 70409.C7785

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
U.S. Steel PAC

Mailing Address 600 Grant Street

City Pittsburgh State PA Zip Code 15219-2800

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	7

Transaction ID: 70409.C7801

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
UAW V CAP

Mailing Address 8000 East Jefferson Avenue

City Detroit State MI Zip Code 48214-3963

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	7

Transaction ID: 70409.C7804

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
United Mine Workers of America -

Mailing Address Coal Miners PAC
8315 Lee Hwy., 5th Floor

City Fairfax State VA Zip Code 22031

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2007

Transaction ID: 70409.C7791

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
WSWA PAC

Mailing Address Wine & Spirits Wholesalers of Amer
805 Fifteenth Street, NW Suite 43

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2007

Transaction ID: 70409.C7798

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
XO Communications PAC

Mailing Address 11111 Sunset Hills Rd.

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2007

Transaction ID: 70409.C7811

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	44100.00

**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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Joseph J. Augello

Mailing Address 986 Gladys Avenue

City Pittsburgh State PA Zip Code 15216-3919

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

Name of Employer City of Pgh., Housing Auth.
Occupation IBEW Local 5 Electrician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7731

Amount of Each Receipt this Period
2200.00

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

B. Full Name (Last, First, Middle Initial)
David C. Bramer

Mailing Address 25 South Johnson Rd.

City Houston State PA Zip Code 15342

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

Name of Employer Self
Occupation insurance broker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7733

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Louis M. Brown, Jr.

Mailing Address 4801 Maury Lane

City Alexandria State VA Zip Code 22304

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

Name of Employer Precision Auto Care
Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7764

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6300.00**

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 18 / 73 (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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial) Nellie Chi Mailing Address 515 E. 72nd Street, Apt. 6J City State Zip Code New York NY 10021-4066 FEC ID number of contributing federal political committee. C Name of Employer Occupation Zitan LLC Partner Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70409.C7769 Amount of Each Receipt this Period 2300.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	0	7												

B. Full Name (Last, First, Middle Initial) Nellie Chi Mailing Address 515 E. 72nd Street, Apt. 6J City State Zip Code New York NY 10021-4066 FEC ID number of contributing federal political committee. C Name of Employer Occupation Zitan LLC Partner Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70409.C7770 Amount of Each Receipt this Period 2300.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	8		2	0	0	7												

C. Full Name (Last, First, Middle Initial) Daniel Cunningham Mailing Address 7808 Creekside View Lane City State Zip Code Springfield VA 22153 FEC ID number of contributing federal political committee. C Name of Employer Occupation PMA Group Government Affairs Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70409.C7745 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	7												

SUBTOTAL of Receipts This Page (optional)	5600.00
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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Rebecca Kingery DeRosa

Mailing Address 22014 Foxlair Rd.

City Gaithersburg State MD Zip Code 20882

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

Name of Employer DRS Technologies Occupation Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7766

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
James Dobbs

Mailing Address 521 Junior Avenue

City Morgantown State WV Zip Code 26505

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

Name of Employer Augusta Systems Inc. Occupation Dir. Of Corp. Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7732

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 1713 Sawmill Rd.

City Greensburg State PA Zip Code 15601

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

Name of Employer Allegheny Energy Occupation V.P., H.R.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7738

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Patrick R. Esposito

Mailing Address 1265 Fairlawns Avenue

City State Zip Code
Morgantown WV 26505-3255

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

Name of Employer Augusta Systems Inc. Occupation Business person

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7740

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Patrick Ross Esposito II

Mailing Address 488 Rebecca St.

City State Zip Code
Morgantown WV 26505

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

Name of Employer Augusta Systems, Inc. Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7739

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Paul Evanson

Mailing Address 800 Cabin Hill Drive

City State Zip Code
Greensburg PA 15601

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

Name of Employer Allegheny Energy Occupation Chairman & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7741

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Lynn Ewanco

Mailing Address 133 Homer Circle

City State Zip Code
Mc Kees Rocks PA 15136

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

Name of Employer
No Employer

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7721

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Robert Ewanco

Mailing Address 133 Homer Circle

City State Zip Code
Mc Kees Rocks PA 15136

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

Name of Employer
Impel Strategies

Occupation
Government Affairs Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7722

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 4097 Manor Oaks Ct.

City State Zip Code
Export PA 15632-9200

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

Name of Employer
Allegheny Energy

Occupation
General Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7737

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4850.00
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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
David E. Flitman

Mailing Address 800 Cabin Hill Drive

City Greensburg State PA Zip Code 15601

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

Name of Employer Allegheny Energy Occupation President, Alleg. Power

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7743

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Edward O. Fritts

Mailing Address 4441 33rd St. N

City Arlington State VA Zip Code 22207-4465

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

Name of Employer The Fritts Group Occupation Information requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C7783

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Julie Giardina

Mailing Address 1162 N. Randolph St.

City Arlington State VA Zip Code 22201

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

Name of Employer PMA Group Occupation government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7751

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
David P. Goch

Mailing Address 7459 Arlington Rd.

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
Webster, Chamberlain, & Dean Gov. Affairs Rep.

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

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2007

Transaction ID: 70409.C7788

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Philip L. Goulding

Mailing Address 2925 Bryer Ridge Ct.

City State Zip Code
Export PA 15632

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

Name of Employer Occupation
Allegheny Energy CFO

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

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7742

Amount of Each Receipt this Period
250.00

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

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

Mailing Address c/o Grane Associates
209 Sigma Drive

City State Zip Code
Pittsburgh PA 15238

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

Name of Employer Occupation
Grane Associates Developer

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

0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7777

Amount of Each Receipt this Period
750.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 73
	<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)
Doyle for Congress Committee

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

Mailing Address c/o Grane Associates
209 Sigma Drive

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Grane Associates Occupation Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7711

Amount of Each Receipt this Period
750.00

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

B. Full Name (Last, First, Middle Initial)
Richard Graciano, Jr.

Mailing Address c/o Grane Associates
209 Sigma Drive

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Grane Health Care Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7710

Amount of Each Receipt this Period
750.00

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

C. Full Name (Last, First, Middle Initial)
Richard Graciano, Jr.

Mailing Address c/o Grane Associates
209 Sigma Drive

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Grane Health Care Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7778

Amount of Each Receipt this Period
750.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Grane Associates

Mailing Address 209 Sigma Drive

City Pittsburgh State PA Zip Code 15238-2826

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7775

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Grane Associates

Mailing Address 209 Sigma Drive

City Pittsburgh State PA Zip Code 15238-2826

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7709

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Sharon Grant

Mailing Address 7426 Piney Branch Road

City Takoma Park State MD Zip Code 20912

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

Name of Employer Carnegie Mellon University Occupation government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7789

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **4850.00**

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 26 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Kaylene H. Green

Mailing Address P.O. Box 410

City Reedville State VA Zip Code 22539

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

Name of Employer PMA Group Occupation government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7753

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Brian Henderson

Mailing Address 2 Seldon Place

City Pittsburgh State PA Zip Code 15234

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

Name of Employer Baldwin Borough Occupation police officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70409.C7719

Amount of Each Receipt this Period
1500.00

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

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

Mailing Address 433 Four Lakes Drive

City Gibsonia State PA Zip Code 15044

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

Name of Employer Orbital Engineering Occupation V.P. of Engineering

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70409.C7716

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4100.00**

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 27 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mark C. Hofmann

Mailing Address 4276 Green Glade Ct.

City Allison Park State PA Zip Code 15101

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

Name of Employer North Side Foods Occupation Owner & Sr. Vice Pre.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70409.C7718

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Richard M. Kaelin

Mailing Address 13211 Dodie Dr.

City Gaithersburg State MD Zip Code 20878

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

Name of Employer PMA Group Occupation Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70409.C7746

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Pradeep K. Khosla

Mailing Address Carnegie Mellon - ECE Department
Hamerschlag Hall 1108

City Pittsburgh State PA Zip Code 15213-3890

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

Name of Employer Carnegie Mellon Univ. Occupation Professor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7754

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4100.00
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 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ron Klink

Mailing Address 3410 Lashan Drive

City State Zip Code
Murrysville PA 15668

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

Name of Employer Occupation
Bucephelis Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 70409.C7818

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Melissa A. Koloszar

Mailing Address 106 S. Wise St.

City State Zip Code
Arlington VA 22204

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

Name of Employer Occupation
PMA Group government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7750

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mary Ann Lewis

Mailing Address 69 Lambeth St.

City State Zip Code
Pittsburgh PA 15241

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

Name of Employer Occupation
Lewis, Lewis & Reilly Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7717

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4100.00**

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 / 73
	<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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. R. J. Lewis		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Orbital Engineering 1344 Fifth Avenue		Transaction ID: 70409.C7724
City Pittsburgh	State PA	Zip Code 15219
Amount of Each Receipt this Period 2300.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Engineering	Occupation President & CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. R. J. Lewis		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007
Mailing Address Orbital Engineering 1344 Fifth Avenue		Transaction ID: 70409.C7723
City Pittsburgh	State PA	Zip Code 15219
Amount of Each Receipt this Period 2300.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Orbital Engineering	Occupation President & CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) C. M. James Littig		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007
Mailing Address 2800 Shirlington Road Suite 716		Transaction ID: 70409.C7774
City Arlington	State VA	Zip Code 22206
Amount of Each Receipt this Period 500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. C		
Name of Employer Congressional Strategies, LLC	Occupation government relations	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5100.00
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 30 / 73
	<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)
Doyle for Congress Committee

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

Mailing Address 303 E. Waldheim Rd.

City Pittsburgh State PA Zip Code 15215

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7725

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
John Lucas

Mailing Address 303 E. Waldheim Rd.

City Pittsburgh State PA Zip Code 15215

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7726

Amount of Each Receipt this Period
2300.00

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

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

Mailing Address 12769 Quarterhorse Lane

City Woodbridge State VA Zip Code 22192

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

Name of Employer PMA Group Occupation Government Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7762

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

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 31 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Linda Lynch

Mailing Address 12769 Quarterhorse Lane

City State Zip Code
Woodbridge VA 22192

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

Name of Employer
No Employer

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7763

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Jennifer Magliocchetti

Mailing Address 10203 Woodvale Pond Rd.

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer
N Y Yankees

Occupation
Assit. Dir. Com. Dev.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7757

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Leslie A. Magliocchetti

Mailing Address 10203 Woodvale Pond Dr.

City State Zip Code
Fairfax Station VA 22039

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

Name of Employer
No Employer

Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7761

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Mark J. Magliocchetti

Mailing Address 10203 Woodvale Pond Drive

City State Zip Code
Fairfax VA 22039-1658

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

Name of Employer
Magliocchetti & Associates

Occupation
government relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7758

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Paul Magliocchetti

Mailing Address 1101 S Arlington Ridge Rd. Apt. 61

City State Zip Code
Arlington VA 22202-1926

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

Name of Employer
PMA, Inc.

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7765

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Frances Elek McComb

Mailing Address 121 Edgehill Rd.

City State Zip Code
Bala Cynwyd PA 19004

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

Name of Employer
Information requested

Occupation
Information requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70409.C7780

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
David W. Minnotte

Mailing Address 513 Farndale Rd.

City State Zip Code
Pittsburgh PA 15238-1658

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

Name of Employer Self Occupation
Manufacturer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7728

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
David W. Minnotte

Mailing Address 513 Farndale Rd.

City State Zip Code
Pittsburgh PA 15238-1658

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

Name of Employer Self Occupation
Manufacturer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7727

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Ross Nese

Mailing Address Grane Associates
209 Sigma Drive

City State Zip Code
Pittsburgh PA 15238

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

Name of Employer Grane Associates Occupation
Managing Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7712

Amount of Each Receipt this Period
800.00

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

SUBTOTAL of Receipts This Page (optional) ► 4600.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Ross Nese

Mailing Address Grane Associates
209 Sigma Drive

City Pittsburgh State PA Zip Code 15238

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

Name of Employer Grane Associates Occupation Managing Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 70409.C7776

Amount of Each Receipt this Period
800.00

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

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

Mailing Address Henry J Oliver Building
535 Smithfield Street, Ste 625

City Pittsburgh State PA Zip Code 15222

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

Name of Employer Amarna Corporation Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7729

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Joseph Platt

Mailing Address Henry J Oliver Building
535 Smithfield Street, Ste 625

City Pittsburgh State PA Zip Code 15222

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

Name of Employer Amarna Corporation Occupation investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7730

Amount of Each Receipt this Period
1900.00

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

SUBTOTAL of Receipts This Page (optional)	4200.00
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 35 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
John R. Pollock

Mailing Address 1202 Walter St. SE

City Washington State DC Zip Code 20003-1448

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

Name of Employer BNA Inc. Occupation Systems Analyst

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7790

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
John L. Pugliese

Mailing Address 2346 Captain Kidd Rd.

City Fernandina Beach State FL Zip Code 32034

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

Name of Employer Ritz Carlton Occupation Sommelier

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7760

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Kathleen M. Ramsey

Mailing Address 4011 Lorcom Lane

City Arlington State VA Zip Code 22207

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

Name of Employer The Fritts Group Occupation Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 70409.C7782

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Donna M. Ratti

Mailing Address 1427 Methyl St.

City State Zip Code
Pittsburgh PA 15216

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

Name of Employer Occupation
West. Psy. Inst. & Clinic Pysch Specialist II

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7720

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jay Reddy

Mailing Address 1140 Steeplechase Street

City State Zip Code
Morgantown WV 26505

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

Name of Employer Occupation
Pro Logic CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7756

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Suneetha Reddy

Mailing Address 1140 Steeplechase Dr.

City State Zip Code
Morgantown WV 26508-9173

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

Name of Employer Occupation
No Employer Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7752

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Joseph H. Richardson

Mailing Address 2026 Timbercrest Drive

City Greensburg State PA Zip Code 15601

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

Name of Employer Allegheny Energy Occupation Exe. V.P.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7744

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Elizabeth A. Roberts

Mailing Address 211 11th St., SE

City Washington State DC Zip Code 20003

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

Name of Employer PMA Group Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: 70409.C7749

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Edward J. Sheehan, Jr.

Mailing Address 802 Luzerne St.

City Johnstown State PA Zip Code 15905-2349

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

Name of Employer CTC Occupation Sr. V.P. & CFO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7748

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 73
	<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)
Doyle for Congress Committee

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

Mailing Address 49 Lakeview Lane

City State Zip Code
Eighty Four PA 15330

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

Name of Employer EyeSee 360, Inc. Occupation Office Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7736

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Bradley Simon

Mailing Address 49 Lakeview Lane

City State Zip Code
Eighty Four PA 15330

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

Name of Employer EyeSee 360, Inc. Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: 70409.C7735

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
George L. Sing

Mailing Address 515 E. 72nd Street, Apt. 6J

City State Zip Code
New York NY 10021-4066

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

Name of Employer Stemnion LLC Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: 70409.C7768

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 73
	<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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
George L. Sing

Mailing Address 515 E. 72nd Street, Apt. 6J

City State Zip Code
New York NY 10021-4066

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

Name of Employer Occupation
Stemnion LLC CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: 70409.C7767

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
William A. Thomasmeyer

Mailing Address 218 Timber Ridge Road

City State Zip Code
Pittsburgh PA 15238

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

Name of Employer Occupation
National Defense Robotics Cntr Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7755

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jon C. Walker

Mailing Address 726 Tarpon Avenue

City State Zip Code
Fernandina Beach FL 32034

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

Name of Employer Occupation
Ritz Carlton Guest services

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: 70409.C7759

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 73
	(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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Patrick Williams

Mailing Address 4213 Everett Street

City State Zip Code
Kensington MD 20895-3825

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

Name of Employer Occupation
The Cormac Group Government Affairs Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 70409.C7781

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
H. K. Wrigley

Mailing Address 100 - 7th St., #1802

City State Zip Code
Pittsburgh PA 15222

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

Name of Employer Occupation
Tsunami Medical LLC CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70409.C7734

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2600.00
TOTAL This Period (last page this line number only)	▶	90650.00

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)
Doyle for Congress Committee

A. Allgh. Cty. Labor Council Full Name (Last, First, Middle Initial) Mailing Address 401 Wood St. Suite 501 City Pittsburgh State PA Zip Code 15222- Purpose of Disbursement AD Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6352 Date of Disbursement 02 / 11 / 2007 Amount of Each Disbursement this Period 550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD
--	--	--

B. American Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70120.E6295 Date of Disbursement 01 / 07 / 2007 Amount of Each Disbursement this Period 2347.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
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C. AOL Full Name (Last, First, Middle Initial) Mailing Address 22000 AOL Way City Sterling State VA Zip Code 20166- Purpose of Disbursement ISP CHARGES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70120.E6301 Date of Disbursement 01 / 06 / 2007 Amount of Each Disbursement this Period 19.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: ISP CHARGES
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SUBTOTAL of Disbursements This Page (optional) ▶	2897.36
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)
Doyle for Congress Committee

A. Benis Travel Service Full Name (Last, First, Middle Initial) Mailing Address 301 Park Avenue City New York State NY Zip Code 10022- Purpose of Disbursement TRAVEL EXP.-PA. SOC. CONF. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6323 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXP.-PA. SOC. CONF.
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B. CranstonConsulting Full Name (Last, First, Middle Initial) Mailing Address 205 Whitepine Dr. City Cranberry Twp State PA Zip Code 16066- Purpose of Disbursement HARD DRIVE REPAIR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6321 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 7 Amount of Each Disbursement this Period 396.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: HARD DRIVE REPAIR
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C. Get-Go Full Name (Last, First, Middle Initial) Mailing Address 430 E. Waterfront Dr. City Homestead State PA Zip Code 15120- Purpose of Disbursement GAS-CAMPAIGN CAR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70120.E6300 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7 Amount of Each Disbursement this Period 22.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS-CAMPAIGN CAR
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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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Jacks Tuxedo		Transaction ID: 70120.E6309 Date of Disbursement 01 / 06 / 2007	
Mailing Address William Penn Highway		Amount of Each Disbursement this Period 111.23	
City Monroeville State PA Zip Code 15146-	Purpose of Disbursement RENTAL	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: RENTAL	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 70120.E6307 Date of Disbursement 01 / 27 / 2007	
Mailing Address 1736 S. Braddock Ave.		Amount of Each Disbursement this Period 221.44	
City Pittsburgh State PA Zip Code 15218-	Purpose of Disbursement OFFICE SUPPLIES	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) C. PLCB Shoppe 9209		Transaction ID: 70409.E6322 Date of Disbursement 01 / 02 / 2007	
Mailing Address 308 Mall Blvd.		Amount of Each Disbursement this Period 719.71	
City Monroeville State PA Zip Code 15146-	Purpose of Disbursement BEV. FOR APPRECIATION BANQUET	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: BEV. FOR APPRECIATION BANQUET	

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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Pittsburgh Post-Gazette		Transaction ID: 70120.E6306 Date of Disbursement 01 / 24 / 2007	
Mailing Address P.O. Box 747012		Amount of Each Disbursement this Period 13.00	
City Pittsburgh State PA Zip Code 15219-	Purpose of Disbursement SUBSCRIPTION Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUBSCRIPTION	
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. Pittsburgh Post-Gazette		Transaction ID: 70120.E6305 Date of Disbursement 01 / 06 / 2007	
Mailing Address P.O. Box 747012		Amount of Each Disbursement this Period 26.00	
City Pittsburgh State PA Zip Code 15219-	Purpose of Disbursement SUBSCRIPTION Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUBSCRIPTION	
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) C. Sunoco-Penn Hills		Transaction ID: 70120.E6303 Date of Disbursement 01 / 17 / 2007	
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 21.50	
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS-CAMPAIGN CAR	
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) ▶	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)

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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)
Doyle for Congress Committee

A. The Common Plea Full Name (Last, First, Middle Initial) Mailing Address 310 Ross Street City Pittsburgh State PA Zip Code 15219- Purpose of Disbursement COMMITTEE MEETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70120.E6304 Date of Disbursement 01 / 21 / 2007 Amount of Each Disbursement this Period 44.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COMMITTEE MEETING
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B. US Airways Full Name (Last, First, Middle Initial) Mailing Address 2345 Crystal Dr. City Arlington State VA Zip Code 22227- Purpose of Disbursement TRAVEL EXPENSE-PA SOC. CONF. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70120.E6310 Date of Disbursement 01 / 30 / 2007 Amount of Each Disbursement this Period 329.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL EXPENSE-PA SOC. CONF.
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C. American Express Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement CREDIT CARD: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6337 Date of Disbursement 01 / 28 / 2007 Amount of Each Disbursement this Period 4001.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD: SEE BELOW
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SUBTOTAL of Disbursements This Page (optional) ▶	4001.36
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. AOL		Transaction ID: 70409.E6378 Date of Disbursement 02 / 06 / 2007	
Mailing Address 22000 AOL Way		Amount of Each Disbursement this Period 19.95	
City Sterling State VA Zip Code 20166-	Purpose of Disbursement ISP CHARGES	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: ISP CHARGES	

Full Name (Last, First, Middle Initial) B. Acadiana		Transaction ID: 70409.E6390 Date of Disbursement 01 / 08 / 2007	
Mailing Address 901 New York Avenue, NW		Amount of Each Disbursement this Period 949.03	
City Washington State DC Zip Code 20001-	Purpose of Disbursement DELAGATION APPRECIATION DINNER	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: DELAGATION APPRECIATION DINNER	

Full Name (Last, First, Middle Initial) C. Cheesecake Factory		Transaction ID: 70409.E6388 Date of Disbursement 01 / 29 / 2007	
Mailing Address 415 S. 27th St.		Amount of Each Disbursement this Period 85.57	
City Pittsburgh State PA Zip Code 15203-	Purpose of Disbursement COMMITTEE MEETING	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: COMMITTEE MEETING	

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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Cheesecake Factory		Transaction ID: 70409.E6377 Date of Disbursement 01 / 11 / 2007	
Mailing Address 415 S. 27th St.		Amount of Each Disbursement this Period 151.68	
City Pittsburgh State PA Zip Code 15203-	Purpose of Disbursement COMMITTEE MEETING Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: COMMITTEE MEETING	

Full Name (Last, First, Middle Initial) B. Girasole		Transaction ID: 70409.E6383 Date of Disbursement 01 / 14 / 2007	
Mailing Address 1223 Walnut Street		Amount of Each Disbursement this Period 115.00	
City Pittsburgh State PA Zip Code 15209-	Purpose of Disbursement COMMITTEE MEETING Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: COMMITTEE MEETING	

Full Name (Last, First, Middle Initial) C. Girasole		Transaction ID: 70409.E6394 Date of Disbursement 01 / 28 / 2007	
Mailing Address 1223 Walnut Street		Amount of Each Disbursement this Period 254.58	
City Pittsburgh State PA Zip Code 15209-	Purpose of Disbursement COMMITTEE MEETING Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: COMMITTEE MEETING	

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)
Doyle for Congress Committee

A. Isoldis Full Name (Last, First, Middle Initial) Mailing Address 108 19th St. City Pittsburgh State PA Zip Code 15219- Purpose of Disbursement FINANCE COM. BANQUET Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6393 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 642.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FINANCE COM. BANQUET
--	--	--

B. PF Changs Full Name (Last, First, Middle Initial) Mailing Address The Waterfront City Homestead State PA Zip Code 15120- Purpose of Disbursement COMMITTEE MEETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6380 Date of Disbursement: M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 38.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: COMMITTEE MEETING
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C. Pittsburgh Post-Gazette Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 747012 City Pittsburgh State PA Zip Code 15219- Purpose of Disbursement SUBSCRIPTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6392 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 13.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: SUBSCRIPTION
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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)

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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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Sunoco-Penn Hills		Transaction ID: 70409.E6381 Date of Disbursement 01 / 14 / 2007	
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 27.00	
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR	

Full Name (Last, First, Middle Initial) B. Sunoco-Penn Hills		Transaction ID: 70409.E6391 Date of Disbursement 01 / 31 / 2007	
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 30.22	
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR	

Full Name (Last, First, Middle Initial) C. Sunoco-Penn Hills		Transaction ID: 70409.E6382 Date of Disbursement 01 / 19 / 2007	
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 22.75	
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR	<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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR	

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)

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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)
Doyle for Congress Committee

A. The Common Plea

Full Name (Last, First, Middle Initial)

Mailing Address 310 Ross Street

City Pittsburgh State PA Zip Code 15219-

Purpose of Disbursement
COMMITTEE MEETING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 70409.E6387

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: COMMITTEE MEETING

B. Waldorf-Astoria

Full Name (Last, First, Middle Initial)

Mailing Address 301 Park Ave.

City New York State NY Zip Code 10022-

Purpose of Disbursement
LODGING EXPENSE -PA. SOCIETY CONF.

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 70409.E6396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: LODGING EXPENSE -PA. SOCIETY CONF.

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement
CREDIT CARD: SEE BELOW

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 70409.E6374

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
Doyle for Congress Committee

<p>A. AOL</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 22000 AOL Way</p> <p>City Sterling State VA Zip Code 20166-</p> <p>Purpose of Disbursement ISP CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: 70409.E6400</p> <p>Date of Disbursement</p> <p>01 / 12 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>19.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: ISP CHARGES</p>
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<p>B. Altiramisu</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2014 P Street NW</p> <p>City Washington State DC Zip Code 20036-</p> <p>Purpose of Disbursement DELAGATION MEETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: 70409.E6401</p> <p>Date of Disbursement</p> <p>01 / 18 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>165.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: DELAGATION MEETING</p>
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<p>C. Anna Marias</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1737 Connecticut Ave. NW</p> <p>City Washington State DC Zip Code 20009-</p> <p>Purpose of Disbursement DELAGATION MEETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: 70409.E6399</p> <p>Date of Disbursement</p> <p>01 / 11 / 2007</p> <p>Amount of Each Disbursement this Period</p> <p>80.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: DELAGATION MEETING</p>
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<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)

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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)
Doyle for Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Hilton, Washington DC</p>		<p>Transaction ID: 70409.E6411 Date of Disbursement 02 / 02 / 2007</p>	
<p>Mailing Address New Jersey Avenue</p>		<p>Amount of Each Disbursement this Period 214.00</p>	
<p>City Washington State DC Zip Code 20005-</p>	<p>Purpose of Disbursement LODGING EXPENSE-CONF.</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM] MEMO: LODGING EXPENSE-CONF.</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>B. Full Name (Last, First, Middle Initial) Monacle</p>		<p>Transaction ID: 70409.E6410 Date of Disbursement 01 / 17 / 2007</p>	
<p>Mailing Address Capital Hill</p>		<p>Amount of Each Disbursement this Period 330.61</p>	
<p>City Washington State DC Zip Code 20005-</p>	<p>Purpose of Disbursement DELAGATION MEETING</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM] MEMO: DELAGATION MEETING</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>C. Full Name (Last, First, Middle Initial) Monterey Bay</p>		<p>Transaction ID: 70409.E6403 Date of Disbursement 01 / 26 / 2007</p>	
<p>Mailing Address Monroeville Mall</p>		<p>Amount of Each Disbursement this Period 166.45</p>	
<p>City Monroeville State PA Zip Code 15146-</p>	<p>Purpose of Disbursement COMMITTEE MEETING</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM] MEMO: COMMITTEE MEETING</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

<p>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)
Doyle for Congress Committee

A. Pittsburgh Post-Gazette

Full Name (Last, First, Middle Initial)
Pittsburgh Post-Gazette

Mailing Address P.O. Box 747012

City Pittsburgh State PA Zip Code 15219-

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70409.E6408
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: SUBSCRIPTION

B. Sunoco-Penn Hills

Full Name (Last, First, Middle Initial)
Sunoco-Penn Hills

Mailing Address 600 Rodi Rd.

City Pittsburgh State PA Zip Code 15235-

Purpose of Disbursement
GAS-CAMPAIGN CAR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70409.E6406
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: GAS-CAMPAIGN CAR

C. Sunoco-Penn Hills

Full Name (Last, First, Middle Initial)
Sunoco-Penn Hills

Mailing Address 600 Rodi Rd.

City Pittsburgh State PA Zip Code 15235-

Purpose of Disbursement
GAS-CAMPAIGN CAR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70409.E6407
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]
MEMO: GAS-CAMPAIGN CAR

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Sunoco-Penn Hills		Transaction ID: 70409.E6409 Date of Disbursement 02 / 02 / 2007
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 30.75
City Pittsburgh State PA Zip Code 15235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS-CAMPAIGN CAR	Candidate Name	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR
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) ▼	

Full Name (Last, First, Middle Initial) B. The Common Plea		Transaction ID: 70409.E6402 Date of Disbursement 01 / 24 / 2007
Mailing Address 310 Ross Street		Amount of Each Disbursement this Period 125.00
City Pittsburgh State PA Zip Code 15219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMITTEE MEETING	Candidate Name	[MEMO ITEM] MEMO: COMMITTEE MEETING
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) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70409.E6432 Date of Disbursement 03 / 24 / 2007
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 1371.10
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD: SEE BELOW	Candidate Name	CREDIT CARD: SEE BELOW
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1371.10
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Doyle for Congress Committee

<p>A. AOL</p> <p>Full Name (Last, First, Middle Initial) AOL</p> <p>Mailing Address 22000 AOL Way</p> <p>City Sterling State VA Zip Code 20166-</p> <p>Purpose of Disbursement ISP CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70409.E6438</p> <p>Date of Disbursement 03 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 19.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: ISP CHARGES</p>
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<p>B. Hyatt Regency Hotel</p> <p>Full Name (Last, First, Middle Initial) Hyatt Regency Hotel</p> <p>Mailing Address 1111 Airport Blvd.</p> <p>City Pittsburgh State PA Zip Code 15231-</p> <p>Purpose of Disbursement LODGING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70409.E6443</p> <p>Date of Disbursement 02 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 272.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING EXPENSE</p>
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<p>C. LeMont</p> <p>Full Name (Last, First, Middle Initial) LeMont</p> <p>Mailing Address 1114 Grandview Ave.</p> <p>City Pittsburgh State PA Zip Code 15211-</p> <p>Purpose of Disbursement COMMITTEE MEETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 70409.E6444</p> <p>Date of Disbursement 03 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 131.85</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: COMMITTEE MEETING</p>
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<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)
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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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. McCormick & Schmick		Transaction ID: 70409.E6437 Date of Disbursement 02 / 10 / 2007
Mailing Address 2667 Sidney St.		Amount of Each Disbursement this Period 165.00
City Pittsburgh State PA Zip Code 15203-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMMITTEE MEETING	Candidate Name	[MEMO ITEM] MEMO: COMMITTEE MEETING
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) ▼	

Full Name (Last, First, Middle Initial) B. Pittsburgh Post-Gazette		Transaction ID: 70409.E6452 Date of Disbursement 02 / 26 / 2007
Mailing Address P.O. Box 747012		Amount of Each Disbursement this Period 13.00
City Pittsburgh State PA Zip Code 15219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SUBSCRIPTION	Candidate Name	[MEMO ITEM] MEMO: SUBSCRIPTION
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) ▼	

Full Name (Last, First, Middle Initial) C. Sunoco-Penn Hills		Transaction ID: 70409.E6450 Date of Disbursement 02 / 10 / 2007
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 25.86
City Pittsburgh State PA Zip Code 15235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement GAS-CAMPAIGN CAR	Candidate Name	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR
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) ▼	

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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Sunoco-Penn Hills		Transaction ID: 70409.E6451 Date of Disbursement MM / DD / YYYY 02 / 20 / 2007
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 27.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR

Full Name (Last, First, Middle Initial) B. Sunoco-Penn Hills		Transaction ID: 70409.E6442 Date of Disbursement MM / DD / YYYY 02 / 19 / 2007
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 26.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR

Full Name (Last, First, Middle Initial) C. Sunoco-Penn Hills		Transaction ID: 70409.E6449 Date of Disbursement MM / DD / YYYY 02 / 08 / 2007
Mailing Address 600 Rodi Rd.		Amount of Each Disbursement this Period 32.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15235-	Purpose of Disbursement GAS-CAMPAIGN CAR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: GAS-CAMPAIGN CAR

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Doyle for Congress Committee

A. Target Full Name (Last, First, Middle Initial) Mailing Address 360 Waterfront Dr. City Homestead State PA Zip Code 15120- Purpose of Disbursement PHONE EQUIP. & OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6440 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 7 Amount of Each Disbursement this Period 192.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE EQUIP. & OFFICE SUPPLIES
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B. U S P S Full Name (Last, First, Middle Initial) Mailing Address Penn Hills Branch Penn Hills Shopping Center City Pittsburgh State PA Zip Code 15235- Purpose of Disbursement MAIL SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6453 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7 Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: MAIL SERVICE
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C. Angels Place Full Name (Last, First, Middle Initial) Mailing Address 2615 Norwood Ave. City Pittsburgh State PA Zip Code 15214- Purpose of Disbursement AD/TICKETS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 70409.E6362 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7 Amount of Each Disbursement this Period 340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD/TICKETS
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SUBTOTAL of Disbursements This Page (optional) ▶	340.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Buffalo Flowers		Transaction ID: 70120.E6294 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address 822 Linden Avenue		Amount of Each Disbursement this Period 235.40
City E Pittsburgh State PA Zip Code 15112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNERAL BASKETS	Candidate Name	FUNERAL BASKETS
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) ▼	

Full Name (Last, First, Middle Initial) B. Buffalo Flowers		Transaction ID: 70409.E6346 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 822 Linden Avenue		Amount of Each Disbursement this Period 267.15
City E Pittsburgh State PA Zip Code 15112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNERAL BASKETS	Candidate Name	FUNERAL BASKETS
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) ▼	

Full Name (Last, First, Middle Initial) C. Buffalo Flowers		Transaction ID: 70409.E6418 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 822 Linden Avenue		Amount of Each Disbursement this Period 439.10
City E Pittsburgh State PA Zip Code 15112-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNERAL BASKETS	Candidate Name	FUNERAL BASKETS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	941.65
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Community Day		Transaction ID: 70409.E6422 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7
Mailing Address 6424 Forward Avenue		Amount of Each Disbursement this Period 250.00
City Pittsburgh State PA Zip Code 15217-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD Candidate Name	Category/Type	AD
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) ▼	

Full Name (Last, First, Middle Initial) B. DImperios		Transaction ID: 70409.E6326 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 3412 Wm. Penn Hwy.		Amount of Each Disbursement this Period 4334.50
City Pittsburgh State PA Zip Code 15235-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement APPRECIATION BANQUET Candidate Name	Category/Type	APPRECIATION BANQUET
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) ▼	

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: 70120.E6311 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 116.25
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELAGATION MEETING Candidate Name	Category/Type	DELAGATION MEETING
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4700.75
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: 70409.E6348 Date of Disbursement MM / DD / YYYY 02 / 11 / 2007
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 47.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-4071	DELAGATION MEETING	
Purpose of Disbursement DELAGATION MEETING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: 70409.E6419 Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 122.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-4071	DELAGATION MEETING	
Purpose of Disbursement DELAGATION MEETING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dollar Bank		Transaction ID: 70409.E6339 Date of Disbursement MM / DD / YYYY 02 / 01 / 2007
Mailing Address 22 Braddock Hills Office		Amount of Each Disbursement this Period 789.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15221-	FEDERAL TAX DEPOSIT	
Purpose of Disbursement FEDERAL TAX DEPOSIT Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	959.05
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Dollar Bank		Transaction ID: 70409.E6360 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 22 Braddock Hills Office		Amount of Each Disbursement this Period 789.50
City Pittsburgh State PA Zip Code 15221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL TAX DEPOSIT	Category/ Type	FEDERAL TAX DEPOSIT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Michael Doyle		Transaction ID: 70409.E6357 Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2007
Mailing Address 205 Hawthorne Ct.		Amount of Each Disbursement this Period 139.25
City Pittsburgh State PA Zip Code 15221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: PARKING/TAXI	Category/ Type	REIMBURSEMENT: PARKING/TAXI
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Susan B. Doyle		Transaction ID: 70409.E6338 Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2007
Mailing Address 205 Hawthorne Court		Amount of Each Disbursement this Period 1739.00
City Pittsburgh State PA Zip Code 15221-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Category/ Type	SALARY
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	2667.75
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial) Susan B. Doyle		Transaction ID: 70409.E6361 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address 205 Hawthorne Court		Amount of Each Disbursement this Period 1797.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15221-	Purpose of Disbursement SALARY 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) ▼	SALARY

B. Full Name (Last, First, Middle Initial) Kieloch Consulting		Transaction ID: 70120.E6299 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 301 4th St. NE Suite 202		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	Purpose of Disbursement CONSULTING 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) ▼	CONSULTING

C. Full Name (Last, First, Middle Initial) Kieloch Consulting		Transaction ID: 70409.E6340 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 301 4th St. NE Suite 202		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	Purpose of Disbursement CONSULTING 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) ▼	CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	6797.75
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. COMPTTEL PAC		Transaction ID: 70409.E6433 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 900 17th St, NW, Suite 400		Amount of Each Disbursement this Period 228.48
City Washington State DC Zip Code 20006-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT FOR FOOD & BEV. AT FU		REIMBURSEMENT FOR FOOD & BEV. AT FU
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. St. Patricks Day Parade Committee		Transaction ID: 70120.E6313 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7
Mailing Address c/o Sharon Guerra 337 Cobblestone Circle		Amount of Each Disbursement this Period 200.00
City Mc Kees Rocks State PA Zip Code 15136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARADE FEE		PARADE FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. St. Patricks Day Parade Committee		Transaction ID: 70409.E6414 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address c/o Sharon Guerra 337 Cobblestone Circle		Amount of Each Disbursement this Period 75.00
City Mc Kees Rocks State PA Zip Code 15136-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BUTTON PARTY FEE		BUTTON PARTY FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	503.48
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Penn Hills Postmaster		Transaction ID: 70409.E6375 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address Penn Hills Shopping Center		Amount of Each Disbursement this Period 195.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15235-	POSTAGE	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) B. The Print & Copy Center		Transaction ID: 70120.E6296 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 140.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Verona State PA Zip Code 15147-	DATABASE MANAGEMENT	
Purpose of Disbursement DATABASE MANAGEMENT	Candidate Name	DATABASE MANAGEMENT
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) ▼	

Full Name (Last, First, Middle Initial) C. The Print & Copy Center		Transaction ID: 70409.E6324 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 56.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Verona State PA Zip Code 15147-	STICKERS FOR CALENDARS	
Purpose of Disbursement STICKERS FOR CALENDARS	Candidate Name	STICKERS FOR CALENDARS
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	391.74
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. The Print & Copy Center		Transaction ID: 70409.E6342 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address 731 Allegheny River Blvd.		Amount of Each Disbursement this Period 49.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Verona State PA Zip Code 15147-	Purpose of Disbursement STICKERS FOR CALENDERS 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) ▼	STICKERS FOR CALENDERS

Full Name (Last, First, Middle Initial) B. Sharing & Caring, Inc.		Transaction ID: 70409.E6423 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 7
Mailing Address c/o Jack Wagner P.O. Box 99995		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15233-	Purpose of Disbursement SPONSOR 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) ▼	SPONSOR

Full Name (Last, First, Middle Initial) C. SKR Baseball Association		Transaction ID: 70409.E6333 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 83		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Mc Kees Rocks State PA Zip Code 15136-	Purpose of Disbursement SPONSOR 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) ▼	SPONSOR

SUBTOTAL of Disbursements This Page (optional) ▶	649.97
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. SYBA		Transaction ID: 70409.E6369 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 8342		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15218-	Purpose of Disbursement TEAM SPONSOR 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) ▼	TEAM SPONSOR

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70120.E6298 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 77.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21265-0646	Purpose of Disbursement PHONE CHARGES 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) ▼	PHONE CHARGES

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70409.E6341 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 76.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21265-0646	Purpose of Disbursement PHONE CHARGES 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) ▼	PHONE CHARGES

SUBTOTAL of Disbursements This Page (optional) ▶	503.46
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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70409.E6363 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 646		Amount of Each Disbursement this Period 80.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21265-0646	Category/Type	
Purpose of Disbursement PHONE CHARGES		PHONE CHARGES
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70409.E6325 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 78.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1464	Category/Type	
Purpose of Disbursement PHONE CHARGES		PHONE CHARGES
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 70409.E6364 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 89.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1464	Category/Type	
Purpose of Disbursement PHONE CHARGES		PHONE CHARGES
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	247.81
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)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Bloomfiled Youth Athletic Assn.

Mailing Address 227 Pearl St.

City Pittsburgh State PA Zip Code 15224-

Purpose of Disbursement
SPONSOR

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70409.E6371

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		0	3		2	0	0	7

Amount of Each Disbursement this Period

250.00

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

SPONSOR

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

28709.22

**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)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. Morningside Area Community Council		Transaction ID: 70120.E6293 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 40313		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 Pittsburgh State PA Zip Code 15201-	Purpose of Disbursement DONATION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Homeless Children Education Fund		Transaction ID: 70409.E6336 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 7
Mailing Address 2100 Smallman Street 2nd Floor		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15222-	Purpose of Disbursement DONATION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee to Elect Michael Lamb		Transaction ID: 70409.E6319 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 7
Mailing Address P.O. Box 1835		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15230-	Purpose of Disbursement CONTRIBUTION Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1550.00
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)
Doyle for Congress Committee

A. Friends of Jim Motznik

Full Name (Last, First, Middle Initial)

Mailing Address 2246 Groveland Street

City Pittsburgh State PA Zip Code 15234-

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 70409.E6359

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B. Luke Ravenstahl for Mayor

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 23648

City Pittsburgh State PA Zip Code 15222-

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 70409.E6320

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

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NAME OF COMMITTEE (In Full)
Doyle for Congress Committee

Full Name (Last, First, Middle Initial) A. John Lucas		Transaction ID: 70409.E6376 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address 303 E. Waldheim Rd.		Amount of Each Disbursement this Period 4600.00	
City Pittsburgh State PA Zip Code 15215-	Purpose of Disbursement Refund of Contribution Refund Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional)	4600.00
TOTAL This Period (last page this line number only)	4600.00

**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)

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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 checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Doyle for Congress Committee

A. Full Name (Last, First, Middle Initial)
Jewish Community PAC of Pgh

Mailing Address P.O. Box 8125

City Pittsburgh State PA Zip Code 15217-

Purpose of Disbursement
Refund of Contribution Refund excess 3/5

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70409.E6425
Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

400.00

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

B. Full Name (Last, First, Middle Initial)
Jewish Community PAC of Pgh

Mailing Address P.O. Box 8125

City Pittsburgh State PA Zip Code 15217-

Purpose of Disbursement
Refund of Contribution Refund excess 8/1

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70409.E6424
Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

400.00

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

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00