

OCT 15 1994
REGISTERED

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION RECORDS & REGISTRATION

1994 OCT 18 AM 9:35

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U.S. HOUSE OF REPRESENTATIVES

USE FEC MAILING LABEL
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C00025379 NY/29 090294 N 440
MR. ROBERT A. HOFFMAN, TREAS.
FRIENDS OF JOHN LAFALCE
115 DEERHURST PARK BOULEVARD
KENMORE NY 14217

2. FEC IDENTIFICATION NUMBER

050890

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ Twelfth day report preceding

(Type of Election)

☐ July 15 Quarterly Report

election on _____ in the State of _____

☒ October 15 Quarterly Report

☐ Thirtieth day report following the General Election on

☐ January 31 Year End Report

_____ in the State of _____

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Termination Report

This report contains
activity for

☒ Primary Election

☒ General Election

☐ Special Election

☐ Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
8/25/94 through 9/30/94		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	114,938.00	157,173.00
(b) Total Contribution Refunds (from Line 20(d))	NONE	NONE
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	114,938.00	157,173.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	309,185.84	395,519.55
(b) Total Offsets to Operating Expenditures (from Line 14)	NONE	NONE
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	309,185.84	395,519.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	547,042.50	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	NONE	

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

Type or Print Name of Treasurer

Robert A. Hoffman

Signature of Treasurer

Date

10/15/94

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

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Friends of John LaFalce		Report Covering the Period: From: 8/25/94 To: 9/30/94	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		37,875.00	
(ii) Unitemized (see Schedule A)		17,010.00	
(iii) Total of contributions from individuals		54,885.00	63,170.00
(b) Political Party Committees		300.00	500.00
(c) Other Political Committees (such as PACs)		59,753.00	93,503.00
(d) The Candidate		NONE	NONE
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		114,938.00	157,173.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		NONE	NONE
13. LOANS:			
(a) Made or Guaranteed by the Candidate			
(b) All Other Loans			
(c) TOTAL LOANS (add 13(a) and (b))		NONE	NONE
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		NONE	NONE
15. OTHER RECEIPTS (Dividends, Interest, etc.)		4,024.27	15,456.65
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		118,962.27	172,629.65
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		309,185.84	395,519.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		NONE	NONE
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			
(b) Of All Other Loans			
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		NONE	NONE
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		NONE	NONE
21. OTHER DISBURSEMENTS		NONE	NONE
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		309,185.84	395,519.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	737,266.07	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	118,962.27	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	856,228.34	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	309,185.84	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	547,042.50	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9
FOR LINE NUMBER
11(a)(i)

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

NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Dr. Joseph Amico 6590 East Quaker Rd. Orchard Park, NY 14127 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Oral Surgeon Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 8/24/94 9/13/94	Amount of Each Receipt this Period 1,000.00 1,000.00
B. Full Name, Mailing Address and ZIP Code Lipsitz, Green, Fahringer, Roll, Salisbury & Cambria (Partnership) 42 Delaware Ave., Suite 300 Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Represents a \$40.00 or less contribution from 15 partners Occupation Attorney Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 400.00
C. Full Name, Mailing Address and ZIP Code Jere W. Glover 1005 York Lane Annapolis, MD 21403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Christopher L. Crawford 350 North Dr. Severna Park, MD 21146 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Association of Development Companies Occupation Executive Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Paul Nelson 3121 Quebec Pl., NW Washington, DC 20008 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paul Nelson & Associates Occupation Consultant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Charles L. Marinaccio 4911 Massachusetts Ave., NW Washington, DC 20016 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kelley, Drye & Warren Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Lawrence R. Uhlick 55 Chicken Valley Rd. Old Brookville, NY 11545 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Institute of International Bankers Occupation Executive Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Daniel M. Crane 1010 Pennsylvania Ave., SE Washington, DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Campbell-Raupe, Inc. Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Anthony R. Wilkinson 2902 N. Keller Stillwater, OK 74075 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NAGGL Occupation Executive Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code G. Thomas Cator 10326 Hickory Forest Dr. Oakton, VA 22124 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Neece, Cator, Barnidi & Associates Occupation Government Relations Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code John W. Billett 6207 Pinehurst Rd. Baltimore, MD 21212 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Billett & Quinn Occupation Consultant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Marc Turtletaub 4434 Maple Lane Carmichael, CA 95608 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Money Store, Inc. Occupation CEO Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Paul Schosberg 900 19th St., NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SCBA Occupation Trade Association Executive Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Paula Diann Turtletaub 4434 Maple Lane Carmichael, CA 95608 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Frank T. Ralabate 5792 Main St. Williamsville, NY 14221 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 9/01/94 9/12/94	Amount of Each Receipt this Period 250.00 25.00
B. Full Name, Mailing Address and ZIP Code Burton W. Kanter 2 North LaSalle St., Suite 2200 Chicago, IL 60602 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Walnut Corporation Occupation Executive Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 2,000.00
C. Full Name, Mailing Address and ZIP Code Eugene C. Tenney 42 Delaware Ave., Suite 700 Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Douglas M. Bibby 5408 Audubon Rd. Bethesda, MD 20814 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal National Mortgage Association Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/08/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Patricia M. Cloherty 455 Park Ave. New York, NY 10022 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Patricof & Co. Ventures, Inc. Occupation President Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and ZIP Code The Uniland Partnership, L.P. University Corporate Centre 100 Corporate Parkway Amherst, NY 14226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Represents a \$1,000.00 contribution from Carl J. Montante Occupation Executive Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code GEMCOR 785 Hertel Ave. Buffalo, NY 14207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00 Contribution refunded 10/08/94

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NAME OF COMMITTEE (in Full) Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Christopher J. Alf 350 Essjay Dr. Williamsville, NY 14221 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Air Cargo Occupation President Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 9/13/94 9/12/94	Amount of Each Receipt this Period 1,000.00 500.00
B. Full Name, Mailing Address and ZIP Code Joseph C. Grasmick 39 Prospect Ave. Buffalo, NY 14201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Dr. Subash Ramchand 723 Mountainview Dr. Lewiston, NY 14092 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Robert G. Wilmers One M&T Plaza Buffalo, NY 14203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer M&T Bank Occupation Chairman & CEO Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Burt P. Flickinger, Jr. 211 Porterville Rd. E. Aurora, NY 14052 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code James J. Sansone P.O. Box 474 Lockport, NY 14095 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sansone & Sansone Occupation Attorney Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 9/12/94 9/12/94	Amount of Each Receipt this Period 200.00 25.00
G. Full Name, Mailing Address and ZIP Code Lawrence D. Jacobs 24 Middlesex Rd. Buffalo, NY 14216 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Buffalo General Hospital Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Raymond Rozanski 11 New Amsterdam Ave. Buffalo, NY 14216 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Niagara Cold Drawn Corp. Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Madonna Prestine 870 Starin Ave. Buffalo, NY 14223 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 525.00	Date (month, day, year) 9/12/94 9/12/94	Amount of Each Receipt this Period 500.00 25.00
C. Full Name, Mailing Address and ZIP Code Edward C. Cosgrove Main Seneca Building, Suite 1000 Buffalo, NY 14203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Attorney Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 8/25/94 9/12/94	Amount of Each Receipt this Period 100.00 500.00
D. Full Name, Mailing Address and ZIP Code Frank J. McGuire 1827 Seneca St. Buffalo, NY 14203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Industrial Power & Lighting Corp. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Marguerite Collesano 190 Bryant St. Buffalo, NY 14222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Buffalo Board of Education Occupation Teacher Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/06/94 9/12/94	Amount of Each Receipt this Period 500.00 500.00
F. Full Name, Mailing Address and ZIP Code Michael J. Collesano 2126 Wyndhurst Toledo, OH 43607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hong Kong Stock Exchange Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Mary M. Raiser 3318 O St., NW Washington, DC 20007 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State Department Occupation Chief of Protocol Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Gerard D. DiMarco 2 State St., Suite 400 Rochester, NY 14614 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DiMarco & Riley Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Rita Crangle 69 Starin Ave. Buffalo, NY 14214 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Maryann Yadon 434 Cherry Lane Lewiston, NY 14092 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer First Albany Corporation Occupation Investment Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code John P. Courtney 1109 Kingston Ct. Derby, NY 14047 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Philip A. P. Perna 1800 M&T Plaza Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Supermarket Management Inc. Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Joseph T. Perna 460 Niagara St. Buffalo, NY 14201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Supermarket Management Inc. Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Sidney Wallach 20 Pinewood Dr. Orchard Park, NY 14127 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WATV Occupation Executive Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Joseph E. Goodell 172 Rivemist Dr. Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code James D. Gauthier 25 Delwood Rd. Kenmore, NY 14217 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hurwitz & Fine, P.C. Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Robert P. Fine 1300 Liberty Building Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hurwitz & Fine, P.C. Occupation Attorney Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 9/01/94 9/12/94	Amount of Each Receipt this Period 100.00 250.00
D. Full Name, Mailing Address and ZIP Code Theodore J. Burns 111 Shadow Wood Dr. E. Amherst, NY 14051 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hurwitz & Fine, P.C. Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Sheldon Hurwitz 1300 Liberty Building Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hurwitz & Fine, P.C. Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Butera & Andrews (Partnership) 1301 Pennsylvania Ave., NW Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Represents a \$1,000.00 contribution from James J. Butera Occupation Attorney Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 8/22/94 See August Report 9/30/94 See Redesignation Below	Amount of Each Receipt this Period 1,000.00 memo 1,000.00 memo
G. Full Name, Mailing Address and ZIP Code (Same as Above) Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 9/30/94 Redesignation	Amount of Each Receipt this Period 1,000.00 memo

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SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code James M. Copeland 16105 Marlboro Pike Upper Marlboro, MD 20772 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Copeland, Hatfield, Lowery & Jacquez Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Mudge Rose Guthrie Alexander & Ferdon (Partnership) 333 South Grand Ave., 21st Floor Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Represents an \$8.00 or less contribution from 87 partners Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code David Nierenberg 500 Warren Rd. San Mateo, CA 94402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Trinity Ventures, Ltd. Occupation Venture Capitalist Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Patricia Nierenberg 500 Warren Rd. San Mateo, CA 94402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Leland S. Prussia 555 California St., Suite 500 San Francisco, CA 94104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Risk Management, Inc. Occupation Management Consultant Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code William L. Bennett 239 Watch Hill Rd. Watch Hill, RI 02891 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Noel Group Occupation Chairman & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code John C. Dean 2254 N. First St. San Jose, CA 95131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Siliicon Valley Bank Occupation President & CEO Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code James A. Cosentino 4225 Genesee St. Buffalo, NY 14225	Name of Employer Dynamic Enterprises Occupation Executive	Date (month, day, year) 9/16/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Lippes, Silverstein, Mathias & Wexler 700 Guaranty Bldg. Buffalo, NY 14202	Name of Employer Partnership Occupation See Attribution Below	Date (month, day, year) 8/29/94 See Attribution Below	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Gerald S. Lippes 700 Guaranty Bldg. Buffalo, NY 14202	Name of Employer Lippes, Silverstein, Mathias & Wexler Occupation Attorney	Date (month, day, year) 8/29/94	Amount of Each Receipt this Period 210.00 memo
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 210.00		
D. Full Name, Mailing Address and ZIP Code 	Name of Employer Represents a \$160.00 or less contribution from 8 partners Occupation 	Date (month, day, year) 8/29/94	Amount of Each Receipt this Period 790.00 memo
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$ 790.00		
E. Full Name, Mailing Address and ZIP Code Lippes, Silverstein, Mathias & Wexler 700 Guaranty Bldg. Buffalo, NY 14202	Name of Employer Partnership Occupation 	Date (month, day, year) 9/13/94 See Attribution Below	Amount of Each Receipt this Period 1,000.00 See Attribution Below
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code Gerald S. Lippes 700 Guaranty Bldg. Buffalo, NY 14202	Name of Employer Lippes, Silverstein, Mathias & Wexler Occupation Attorney	Date (month, day, year) 9/13/94	Amount of Each Receipt this Period 1,000.00 memo
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Aggregate Year-to-Date > \$ 1,210.00		
G. Full Name, Mailing Address and ZIP Code 	Name of Employer Occupation 	Date (month, day, year) 	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input type="checkbox"/> General	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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37,875.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Sean D. Hill 6 North Pearl St. Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Chester S. Grove P.O. Box 456 Lockport, NY 14095 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Sargent Shriver 9109 Harrington Dr. Potomac, MD 20854 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 150.00
D. Full Name, Mailing Address and ZIP Code Bouvier O'Connor (Partnership) 1400 Main Place Tower Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 9/01/94	Amount of Each Receipt this Period 150.00
E. Full Name, Mailing Address and ZIP Code O'Brien, Cotter & O'Brien (Partnership) 5109 Main St. Williamsville, NY 14221 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 9/01/94 9/01/94	Amount of Each Receipt this Period 100.00 50.00
F. Full Name, Mailing Address and ZIP Code Rodgers, Menard & Coppola (Partnership) 1630 Liberty Bldg. 22 Main St., Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/01/94 9/12/94	Amount of Each Receipt this Period 150.00 50.00
G. Full Name, Mailing Address and ZIP Code Dan Barry 176 Mona Dr. Amherst, NY 14226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/01/94	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

Tim Toohey
904 Center St.
Lewiston, NY 14092

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

B. Full Name, Mailing Address and ZIP Code

Dr. John J. Ranisav
P.O. Box 880
Niagara Falls, NY 14303

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

150.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 150.00

C. Full Name, Mailing Address and ZIP Code

Dennis J. Dee
114 Burroughs Dr.
Amherst, NY 14226

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

D. Full Name, Mailing Address and ZIP Code

Waldron S. Hayes, Jr.
12 Clarendon PL.
Buffalo, NY 14209

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

E. Full Name, Mailing Address and ZIP Code

Harry R. Mooney
36 Oak Hill Cr.
E. Amherst, NY 14051

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

F. Full Name, Mailing Address and ZIP Code

Samuel C. Perla
802 Convention Tower
Buffalo, NY 14202

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

G. Full Name, Mailing Address and ZIP Code

Gregory J. Perla
367 Linwood Ave.
Buffalo, NY 14209

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

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SCHEDULE A

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Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

Jeffrey A. Perla
367 Linwood Ave.
Buffalo, NY 14209

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

B. Full Name, Mailing Address and ZIP Code

Michael A. Brady
272 Summit Ave.
Buffalo, NY 14214

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

C. Full Name, Mailing Address and ZIP Code

Anthony Casilio
1307 Whitney Ave.
Niagara Falls, NY 14301

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

D. Full Name, Mailing Address and ZIP Code

Joseph M. Ralabate
135 Tristan Ln.
Williamsville, NY 14221

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/01/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

E. Full Name, Mailing Address and ZIP Code

Richard Tobe
56 Chapin Pkwy.
Buffalo, NY 14209

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/06/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

F. Full Name, Mailing Address and ZIP Code

John G. Dowd
151 Buffalo Ave., Suite 201
Niagara Falls, NY 14303

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/06/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

G. Full Name, Mailing Address and ZIP Code

Francis J. Offermann, Jr.
1776 Statler Office Bldg.
Buffalo, NY 14202

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/06/94

100.00

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 100.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Susan Regan 93 Morris Ave. Buffalo, NY 14214 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Gregory A. Pope 247 East Ave. Lockport, NY 14094 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 150.00
C. Full Name, Mailing Address and ZIP Code Robert B. Moriarty 1109 Delaware Ave. Buffalo, NY 14209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code T. Alan Brown 109 Depew Ave. Buffalo, NY 14214 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Cornelia A. Farley 708 Auburn Ave. Buffalo, NY 14222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 150.00
F. Full Name, Mailing Address and ZIP Code Nathaniel A. Barrell 65 Oakland Pl. Buffalo, NY 14222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Mattar & D'Agostino (Partnership) 17 Court St., Suite 600 Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/07/94	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Hackett & Hackett (Partnership) 256 Third St. Niagara Falls, NY 14303 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code Damon & Morey (Partnership) 298 Main St. Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/12/94 9/12/94	Amount of Each Receipt this Period 150.00 50.00
C. Full Name, Mailing Address and ZIP Code Hovey & Massaro (Partnership) 631 Main St. Niagara Falls, NY 14301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code William A. Moses 145 W. 58th St. New York, NY 10019 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Anthony J. Renaldo 69 Delaware Ave. Buffalo, NY 14202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code John F. Kopczynski 1671 Sweeney St. N. Tonawanda, NY 14120 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Jeremial M. Kennedy 115 Hawthorne Dr. Spencerport, NY 14559 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00

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SCHEDULE A

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Jacek A. Wysocki 608 Lafayette Ave. Buffalo, NY 14222 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code William L. Watena 9230 Valley Stream Rd. Clarence, NY 14031 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Carol S. Thornton P.O. Box 148 W. Seneca, NY 14224 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Stuart Hunt 187 Koster Row Eggertsville, NY 14226 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Lana Benatovich 43 Middlesex Rd. Buffalo, NY 14216 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code John A. Paganelli 112 West 56th St. New York, NY 10019 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code Mary C. Casey 22 Deerhurst Park Blvd. Kenmore, NY 14217 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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11(a)(ii)

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

Wayne D. Wisbaum
120 Delaware Ave.
Buffalo, NY 14202

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/12/94

100.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

B. Full Name, Mailing Address and ZIP Code

Michael R. Monin
795-35 Windward Dr.
Aurora, OH 44202

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/13/94

100.00

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

C. Full Name, Mailing Address and ZIP Code

Richard N. Blewett
86178 Maple Hill Rd.
South Wales, NY 14139

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/19/94

100.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

D. Full Name, Mailing Address and ZIP Code

Frederick S. Halley
1789 Colby St.
Brockport, NY 14420

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/22/94

100.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

E. Full Name, Mailing Address and ZIP Code

Barrett Andersen
5781 Shemiran St.
LaVerne, CA 91750

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/26/94

200.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

F. Full Name, Mailing Address and ZIP Code

Tad Lowrey
4651 Madera Dr.
LaVerne, CA 91750

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/26/94

200.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

G. Full Name, Mailing Address and ZIP Code

David S. Engleman
P.O. Box 648
Rancho Santa Fe, CA 92067

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

9/26/94

200.00

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
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11(a)(ii)

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

J. Robert Eichinger
26054 Dumont Rd.
Hemet, CA 92544

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/26/94

200.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

B. Full Name, Mailing Address and ZIP Code

James R. Walther
525 S. Grand Ave.
Pasadena, CA 91105

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/26/94

200.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

C. Full Name, Mailing Address and ZIP Code

Robert R. Hollman
1800 Avenue of the Stars, Ste. 1400
Los Angeles, CA 90067

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/26/94

200.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

D. Full Name, Mailing Address and ZIP Code

James K. Murray, Jr.
P.O. Box 30098
Tampa, FL 33630

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/26/94

100.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

E. Full Name, Mailing Address and ZIP Code

Samuel F. Pryor
130 East 67th St., Apt. 8D
New York, NY 10021

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/26/94

100.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

F. Full Name, Mailing Address and ZIP Code

Stuart G. Hoffer
318 First St.
Mineola, NY 15501

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/28/94

100.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 100.00

G. Full Name, Mailing Address and ZIP Code

Albert J. Mogavero
11 Timothy Dr.
Orchard Park, NY 14127

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/28/94

200.00

Occupation

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 200.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
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11(a) (ii)

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code George I. Gellman 4053 Maple Rd. Amherst, NY 14226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/28/94	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Brunmitte Dale Wilson 17 Long Ave., Suite 200 Hamburg, NY 14075 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/16/94	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Not Itemized Contributions (485) Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period 9,810.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

17,010.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 1 OF 1
FOR LINE NUMBER
11 (b)

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

NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

Democratic Congressional Campaign Committee
430 South Capitol St.
Washington, DC 20003

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

8/26/94

300.00
in-kind
(research)

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

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300.00

DECLARATION

SCHEDULE A

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Use separate schedule(s)
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PAGE 1 OF 11
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code
Italian American Democratic Leadership
Council-Federal
115 D St., SE, Suite 102
Washington, DC 20003

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Merrill Lynch PAC
3000 K St., NW, Suite 620
Washington, DC 20007

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code
First Union Employees Good Government "F" Fund
One First Union Plaza
Charlotte, NC 28288

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Kirkpatrick & Lockhart PAC
535 Smithfield St., Room 1500
Pittsburgh, PA 15222

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code
Anchor Officials Non-Partisan PAC
1420 Broadway
Hewlett, NY 11557

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
AT&T PAC
550 Madison Ave.
New York, NY 10022

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 1,500.00

G. Full Name, Mailing Address and ZIP Code
National Association of Small Business
Investment Companies PAC
1199 N. Fairfax St., Suite 200
Alexandria, VA 22314

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

8/25/94

Amount of Each
Receipt this Period

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code The Bankers Roundtable-PAC 805 Fifteenth St., NW, Suite 600 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code CBANYS-PAC P.O. Box 325, Grand Central Station New York, NY 10163	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Shaw, Pittman, Potts & Trowbridge PAC 2300 N. St., NW Washington, DC 20037	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Arnold & Porter Partners PAC A Multicandidate Committee 1200 New Hampshire Ave., NW Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Kemper Corporation PAC One Kemper Dr. Long Grove, IL 60047	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code DIMEPAC EAB Plaza, 15th Floor Uniondale, NY 11556	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code PRAX AC Praxair Inc., PAC P.O. Box 2958 Danbury, CT 06813	Name of Employer Occupation	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

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Use separate schedule(s)
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Detailed Summary Page

PAGE 3 OF 11
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code
National Committee to Preserve Social
Security & Medicare PAC
2000 K St., NW, Suite 800
Washington, DC 20006

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Title Industry PAC
1828 L St., NW, Suite 705
Washington, DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code
Ford Motor Company
Civic Action Fund
The American Rd.
Dearborn, MI 48121

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
Great Western Financial Corp.
Good Government Committee
9200 Oakdale Ave.
Chatsworth, CA 91311

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

9/26/94

500.00

Occupation

Aggregate Year-to-Date > \$1,000.00

E. Full Name, Mailing Address and ZIP Code
American Collectors Association ACPAC
4040 W. 70th St.
Minneapolis, MN 55485

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
American Maritime Officers AFL-CIO
Voluntary Political Action Fund
650 Fourth Ave.
Brooklyn, NY 11232

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
Dean Witter, Discover & Co. PAC
633 Pennsylvania Ave., NW
Washington, DC 20004

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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PAGE 4 OF 11
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NAME OF COMMITTEE (in Full) Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code
Machinists Non-Partisan Political League
Multi Candidate Committee General Fund
9000 Machinists Pl
Upper Marlboro, MD 20772

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

B. Full Name, Mailing Address and ZIP Code
Investment Management PAC
1600 M St., NW
Washington, DC 20036

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code
UAW V CAP
8000 E. Jefferson
Detroit, MI 48214

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

D. Full Name, Mailing Address and ZIP Code
UPSPAC
55 Glenlake Pkwy., NE
Atlanta, GA 30328

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code
Savings & Community Bankers of America
Community Campaign Committee (SCBA-COMPAC)
900 19th St., NW, Suite 400
Washington, DC 20006

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
Independent Bankers PAC
One Thomas Circle, NW, Suite 950
Washington, DC 20005

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
ATLA PAC
Association of Trial Lawyers of America PAC
1050 31st St., NW
Washington, DC 20007

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

8/25/94

500.00

Occupation

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Associated Credit Bureaus, Inc. PAC 1090 Vermont Ave., Suite 200 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code American Trucking PAC 430 First St., SE Washington, DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Realtors PAC R.P.A.C. 430 N. Michigan Ave. Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,500.00	Date (month, day, year) 8/25/94 9/13/94	Amount of Each Receipt this Period 500.00 3,000.00
D. Full Name, Mailing Address and ZIP Code Nabisco, Inc. PAC 7 Campus Dr. Parsippany, NJ 07054 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code National Association PAC 1201 16th St., NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 9/01/94	Amount of Each Receipt this Period 1,500.00
F. Full Name, Mailing Address and ZIP Code United Food and Commercial Workers Active Ballot Club General Fund 1775 K St., NW Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 9/01/94	Amount of Each Receipt this Period 2,000.00
G. Full Name, Mailing Address and ZIP Code International Council of Shopping Centers Inc. PAC 1199 North Fairfax St., Suite 204 Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 11
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code CHASEPAC Two Chase Plaza, Mezzanine Level New York, NY 10081 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Aggregate Year-to-Date > \$ 1,000.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code First Chicago Corporation PAC One First National Plaza Chicago, IL 60670 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date > \$ 1,000.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code H.F. Ahmanson & Company - Federal PAC 591 Redwood Hwy., No. 4000 Mill Valley, CA 94941 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date > \$ 500.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code Machine ToolPAC 7901 West Park Ave. McLean, VA 22102 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date > \$ 500.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Political Educational Fund of the Building & Construction Trades Dept. 815 16th St., NW, Room 603 Washington, DC 20006 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date > \$ 500.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Bankamerica Election Fund P.O. Box 37000 San Francisco, CA 94137 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date > \$ 500.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code American Express PAC 1020 19th St., NW Washington, DC 20036 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date > \$ 500.00	Name of Employer Occupation Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Mortgage Bankers PAC (MORPAC) 1125 15th St., NW, Suite 700 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/06/94	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code NFG FEDPAC 10 Lafayette Sq. Buffalo, NY 14203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 9/07/94	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Barnett People for Better Government Inc. Federal Multicandidate PAC of Barnett Banks, Inc. 50 N. Laura St., P.O. Box 40789 Jacksonville, FL 32203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 9/08/94	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code National Association of Retired Federal NARFE-PAC 1533 New Hampshire Ave., NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Employees Occupation Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 9/08/94	Amount of Each Receipt this Period 3,000.00
E. Full Name, Mailing Address and ZIP Code Household International Inc. and Subsidiary Companies PAC - HOUSE PAC 2700 Sanders Rd. Prospect Heights, IL 60070 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 8/25/94 9/08/94	Amount of Each Receipt this Period 500.00 1,000.00
F. Full Name, Mailing Address and ZIP Code Credit Union Legislative Action Council Credit Union National Association 805 Fifteenth St., NW, Suite 300 Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer OF Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/08/94	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code American Society of Travel Agents, Inc. (ASTAPAC) 1101 King St. Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/08/94	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code
American Nurses Association PAC
600 Maryland Ave., SW, Suite 100 West
Washington, DC 20024

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/12/94

2,000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 2,000.00

B. Full Name, Mailing Address and ZIP Code
Marine Midland Bipartisan PAC
Federal Fund
One Marine Midland Center
Buffalo, NY 14203

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/13/94

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code
Build PAC of the National Association of Home Builders
National Housing Center
15th & M Sts., NW
Washington, DC 20005

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/13/94

1,000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

D. Full Name, Mailing Address and ZIP Code
AICPA Effective Legislation Committee
N.Y.S Society of Certified Public Accountants
530 Fifth Ave.
New York, NY 10036

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/13/94

4,000.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 4,000.00

E. Full Name, Mailing Address and ZIP Code
New York State Electric & Gas Corporation PAC
4500 Vestal Parkway East
Binghamton, NY 13902

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/12/94

500.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

F. Full Name, Mailing Address and ZIP Code
Ecology and Environment Committee for
Responsible Government
368 Pleasantview Dr.
Lancaster, NY 14086

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/12/94

500.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

G. Full Name, Mailing Address and ZIP Code
I.B.E.W. Local #237
Community Action Program
LPO Box 120
Niagara Falls, NY 14304

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

9/12/94

105.00

Occupation

Receipt For: ☒ Primary ☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 105.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Penn Advertising, Inc. PAC-Federal P.O. Box 6157 York, PA 17406	Name of Employer Occupation	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code APRO-PAC 6300 Bridgepoint Pkwy., Suite 305 Austin, TX 78730	Name of Employer Occupation	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Brotherhood of Locomotive Engineers PAC Fund 1370 Ontario St. Cleveland, OH 44113	Name of Employer Occupation	Date (month, day, year) 9/12/94	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code UPSPAC 55 Glenlake Pkwy, NE Atlanta, GA 30328	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code Team Xerox PAC P.O. Box 1600 Stamford, CT 06904	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Effective Government Committee 607 14th St., NW, Suite 800 Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 9/01/94	Amount of Each Receipt this Period 598.00 in-kind (travel)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 598.00		
G. Full Name, Mailing Address and ZIP Code The Downey Savings and Loan Assoc. PAC 3501 Jamboree Rd., 5th Fl. Newport Beach, CA 92660	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Western Financial Savings PAC P.O. Box 19733 Irvine, CA 92713	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code H.F. Ahmanson & Co. Federal PAC 591 Redwood Hwy., No. 4000 Mill Valley, CA 94941	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code San Francisco Federal Savings PAC No. 1 88 Kearny St. San Francisco, CA 94108	Name of Employer 1 Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
D. Full Name, Mailing Address and ZIP Code First Federal Bank of CA Federal PAC 401 Wilshire Blvd. Santa Monica, CA 90401	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code American Savings Bank PAC 17877 Von Karman, 5th Fl. Irvine, CA 92714	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,500.00		
F. Full Name, Mailing Address and ZIP Code Savings & Community Bankers of America (SCBA-COMPAC) 900 19th St., NW, Suite 400 Washington, DC 20006	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code WORLD PAC World Savings & Loan Association 1901 Harrison St. Oakland, CA 94612	Name of Employer Occupation	Date (month, day, year) 9/26/94	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A
ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

 Realtors PAC R.P.A.C.
430 N. Michigan Ave.
Chicago, IL 60611

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

9/26/94

1,000.00

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 4,500.00

B. Full Name, Mailing Address and ZIP Code

 Coast FEDPAC
18000 Chatsworth St.
Granada Hills, CA 91344

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

9/26/94

1,000.00

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

C. Full Name, Mailing Address and ZIP Code

 Laborers' Political League
905 16th St., NW
Washington, DC 20006

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

9/27/94

3,000.00

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 4,500.00

D. Full Name, Mailing Address and ZIP Code

 Corporate Citizenship Committee (ITP)
1330 Avenue of the Americas
New York, NY 10019

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

9/28/94

500.00

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 500.00

E. Full Name, Mailing Address and ZIP Code

 Citicorp Voluntary Political Fund - Federal
1101 Pennsylvania Ave., NW
Washington, DC 20004

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

8/12/94

5,000.00 memo

See August Report

9/23/94 (1,000.00) memo

See Redesignation Below

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

F. Full Name, Mailing Address and ZIP Code

(Same as Above)

Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

9/23/94

1,000.00 memo

Redesignation

Receipt For:

☐ Primary

☒ General

☐ Other (specify):

Aggregate Year-to-Date > \$ 5,000.00

G. Full Name, Mailing Address and ZIP Code
Name of Employer

 Date (month,
day, year)

 Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

59,753.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code

Marine Midland Bank, N.A.
One Marine Midland Center
Buffalo, NY 14240

Name of Employer

(Interest Earned on
Checking Account)

Date (month,
day, year)

9/06/94

Amount of Each
Receipt this Period

214.26

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1,889.72

B. Full Name, Mailing Address and ZIP Code

Merrill Lynch Pierce Fenner & Smith Inc. (Dividends Earned on
50 Fountain Plaza, Suite 1100 Ready Assets Trust)
Buffalo, NY 14202

Name of Employer

(Dividends Earned on
Ready Assets Trust)

Date (month,
day, year)

9/30/94

Amount of Each
Receipt this Period

434.73

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1,574.92

C. Full Name, Mailing Address and ZIP Code

Prudential Securities
300 Pearl St.
Buffalo, NY 14202

Name of Employer

(Dividends Earned on
Money Market Funds)

Date (month,
day, year)

9/30/94

Amount of Each
Receipt this Period

3,375.28

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 10,322.01

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4,024.27

SCHEDULE B
ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code United States Postmaster 1200 William St. Buffalo, NY 14240	Purpose of Disbursement Postage	Date (month, day, year) 9/03/94	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/12/94	26.50
	<input type="checkbox"/> Other (specify)	8/29/94	232.00
B. Full Name, Mailing Address and ZIP Code Buffalo AFL-CIO Council 532 Ellicott Sq. Bldg. Buffalo, NY 14203	Purpose of Disbursement Dinner Expenses	Date (month, day, year) 9/29/94	Amount of Each Disbursement This Period 70.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Federal Express Corporation P.O. Box 1140 Memphis, TN 38101	Purpose of Disbursement Shipping Charges	Date (month, day, year) 9/30/94	Amount of Each Disbursement This Period 10.46
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/30/94	43.42
	<input type="checkbox"/> Other (specify)	9/01/94	203.86
D. Full Name, Mailing Address and ZIP Code Hyatt Regency Buffalo Two Fountain Plaza Buffalo, NY 14202	Purpose of Disbursement Catering Costs	Date (month, day, year) 8/25/94	Amount of Each Disbursement This Period 1,953.70
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code United States Postmaster 1200 William St. Buffalo, NY 14240	Purpose of Disbursement Postage	Date (month, day, year) 8/31/94	Amount of Each Disbursement This Period 146.16
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/01/94	150.00
	<input type="checkbox"/> Other (specify)	9/08/94	6,000.00
F. Full Name, Mailing Address and ZIP Code Erie County Democratic Committee 991 Ellicott Sq. Bldg. Buffalo, NY 14203	Purpose of Disbursement Mailing Labels	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 450.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code National Time Sharing Inc. 1342 Military Rd. Niagara Falls, NY 14304	Purpose of Disbursement Mailing Labels	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 130.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Capitol Campaign Consultants 1827 Jefferson Pl., NW Washington, DC 20036	Purpose of Disbursement Political Consultants	Date (month, day, year) 8/31/94	Amount of Each Disbursement This Period 1,667.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/09/94	1,667.00
	<input type="checkbox"/> Other (specify)	9/23/94	1,667.00
I. Full Name, Mailing Address and ZIP Code Flowers By Johnny 2803 Delaware Ave. Buffalo, NY 14217	Purpose of Disbursement Floral Arrangements	Date (month, day, year) 9/02/94	Amount of Each Disbursement This Period 189.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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NAME OF COMMITTEE (in Full) Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Computer Results Inc. 3720 South Park Ave. Buffalo, NY 14219	Purpose of Disbursement Computer Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94	Amount of Each Disbursement This Period 284.90
B. Full Name, Mailing Address and ZIP Code VCS Computer Agency 430 Lawrence Bell Dr. Williamsville, NY 14221	Purpose of Disbursement Computer Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94	Amount of Each Disbursement This Period 752.98
C. Full Name, Mailing Address and ZIP Code AT&T 25 Glenn Dr. Amherst, NY 14228	Purpose of Disbursement Telephone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94 9/13/94 9/30/94	Amount of Each Disbursement This Period 5.10 252.03 180.11
D. Full Name, Mailing Address and ZIP Code Niagara Mohawk Power Corporation 535 Washington St. Buffalo, NY 14203	Purpose of Disbursement Electric Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94 9/30/94	Amount of Each Disbursement This Period 129.29 150.63
E. Full Name, Mailing Address and ZIP Code Arjuna Florist 78 Main St. Brockport, NY 14420	Purpose of Disbursement Helium Tanks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94	Amount of Each Disbursement This Period 108.00
F. Full Name, Mailing Address and ZIP Code Gratwick Hose Company 110 Ward Rd. North Tonawanda, NY 14120	Purpose of Disbursement Catering Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94	Amount of Each Disbursement This Period 5,400.00
G. Full Name, Mailing Address and ZIP Code Park Lane Restaurant 33 Gates Circle Buffalo, NY 14209	Purpose of Disbursement Catering Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/06/94	Amount of Each Disbursement This Period 3,806.25
H. Full Name, Mailing Address and ZIP Code Frontier Lumber Co. Inc. 1941 Elmwood Ave. Buffalo, NY 14207	Purpose of Disbursement Lumber Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/09/94	Amount of Each Disbursement This Period 421.20
I. Full Name, Mailing Address and ZIP Code Susan F. Nicosia 520 Morgan St. Tonawanda, NY 14150	Purpose of Disbursement Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/09/94	Amount of Each Disbursement This Period 62.69

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NAME OF COMMITTEE (In Full) Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code NYNEX Corporation 335 Madison Ave. New York, NY 10017	Purpose of Disbursement Telephone Service	Date (month, day, year) 9/09/94	Amount of Each Disbursement This Period 389.71
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/30/94	424.40
	<input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Walsh Duffield Co's. 801 Main St. Buffalo, NY 14205	Purpose of Disbursement Insurance	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 1,043.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Robinson & Muenster Associates Inc. 1208 Elkhorn St. Sioux Falls, SD 57104	Purpose of Disbursement Fundraising Services	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 11,727.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Partners' Press Inc. 1881 Kenmore Ave. Kenmore, NY 14217	Purpose of Disbursement Printing	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 3,996.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/30/94	1,895.40
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Eleanor Roosevelt Club 450 Victoria Blvd. Kenmore, NY 14217	Purpose of Disbursement Luncheon Expenses	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 135.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	9/13/94	50.00
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Balloons By Bonnie 537 Fillmore Ave. Tonawanda, NY 14150	Purpose of Disbursement Helium Tanks	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 101.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Federation of Italian American Societies 151 West Delavan Ave. Buffalo, NY 14213	Purpose of Disbursement Advertising	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code John J. LaFalce 35 Danbury Lane Kenmore, NY 14217	Purpose of Disbursement Travel & Entertainment Reimbursement	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 272.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Central Copier Service Inc. 974 Kenmore Ave. Buffalo, NY 14216	Purpose of Disbursement Copier Rental	Date (month, day, year) 9/13/94	Amount of Each Disbursement This Period 149.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code United States Postmaster 1200 William St. Buffalo, NY 14240	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/14/94	Amount of Each Disbursement This Period 580.00
B. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy St., SE Washington, DC 20003	Purpose of Disbursement Catering Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/23/94	Amount of Each Disbursement This Period 2,755.51
C. Full Name, Mailing Address and ZIP Code Trippi, McMahon & Squire 801 North Fairfax St., Suite 211 Alexandria, VA 22314	Purpose of Disbursement Political Consultants Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/23/94 9/30/94	Amount of Each Disbursement This Period 7,500.00 7,500.00
D. Full Name, Mailing Address and ZIP Code Monroe County Democratic Committee 65 West Broad St., Suite 310 Rochester, NY 14614	Purpose of Disbursement Dinner Expenses Mailing Labels Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/23/94 9/23/94	Amount of Each Disbursement This Period 250.00 18.33
E. Full Name, Mailing Address and ZIP Code Trippi, McMahon & Squire Media Buy 801 North Fairfax St., Suite 211 Alexandria, VA 22314	Purpose of Disbursement Media Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/28/94	Amount of Each Disbursement This Period 230,000.00
F. Full Name, Mailing Address and ZIP Code Park Casino Corporation Delaware Park Casino Buffalo, NY 14222	Purpose of Disbursement Facility Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/94	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code Rainbow Rental & Video 290 Oliver St. North Tonawanda, NY 14120	Purpose of Disbursement Equipment Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/94	Amount of Each Disbursement This Period 392.68
H. Full Name, Mailing Address and ZIP Code Robert A. Hoffman 115 Deerhurst Park Blvd. Kenmore, NY 14217	Purpose of Disbursement Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/94	Amount of Each Disbursement This Period 200.00
I. Full Name, Mailing Address and ZIP Code Susan E. Nicosia 520 Morgan St. Tonawanda, NY 14150	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/30/94 9/29/94	Amount of Each Disbursement This Period 1,062.40 1,062.40

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Charles T. G. Ambrus 143 Windsor Ave. Buffalo, NY 14209	Purpose of Disbursement Salary	Date (month, day, year) 8/29/94	Amount of Each Disbursement This Period 1,251.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/30/94	1,469.33
	<input type="checkbox"/> Other (specify)	9/29/94	1,469.33
B. Full Name, Mailing Address and ZIP Code Internal Revenue Service Andover, MA 05501	Purpose of Disbursement Payroll Taxes	Date (month, day, year) 8/29/94	Amount of Each Disbursement This Period 392.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/30/94	823.04
	<input type="checkbox"/> Other (specify)	9/29/94	823.04
C. Full Name, Mailing Address and ZIP Code New York State Tax Department Albany, NY 12227	Purpose of Disbursement Payroll Taxes	Date (month, day, year) 8/29/94	Amount of Each Disbursement This Period 118.44
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8/30/94	256.79
	<input type="checkbox"/> Other (specify)	9/29/94	256.79
D. Full Name, Mailing Address and ZIP Code NCCC Foundation Inc. 3111 Saunders Settlement Rd. Sanborn, NY 14132	Purpose of Disbursement Dinner Expenses	Date (month, day, year) 9/22/94	Amount of Each Disbursement This Period 80.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Automatic Data Processing 1775 Wehrle Dr. Williamsville, NY 14221	Purpose of Disbursement Payroll Services	Date (month, day, year) 9/29/94	Amount of Each Disbursement This Period 50.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Park Hyatt Hotel 24th & M Sts. Washington, DC 20036	Purpose of Disbursement Facility Rental	Date (month, day, year) 8/12/94	Amount of Each Disbursement This Period 250.00 see below
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Town of Tonawanda Democratic Committee 594 Fries Rd. Tonawanda, NY 14150	Purpose of Disbursement Dinner Expenses	Date (month, day, year) 8/20/94	Amount of Each Disbursement This Period 1,000.00 see below
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Above two checks erroneously omitted from last (8/24/94) report	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St. Washington, DC 20003	Purpose of Disbursement Research	Date (month, day, year) 8/26/94	Amount of Each Disbursement This Period 300.00 (in-kind received)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Effective Government Committee 607 14th St., NW, Suite 800 Washington, DC 20005	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 598.00 (in-kind received)
B. Full Name, Mailing Address and ZIP Code The GM Gold Card P.O. Box 88000 Baltimore, MD 21288	Purpose of Disbursement (See Below) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 567.22
C. Full Name, Mailing Address and ZIP Code Following memo disbursements detail major MasterCard charges:	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Mimmetta 1919 I St., NW Washington, DC 20036	Purpose of Disbursement Dinner Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 33.69 memo
E. Full Name, Mailing Address and ZIP Code Oliver's Restaurant 2095 Delaware Ave. Buffalo, NY 14216	Purpose of Disbursement Dinner Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 132.18 memo
F. Full Name, Mailing Address and ZIP Code Cafe Italianno 1129 Pennsylvania Ave., SE Washington, DC 20003	Purpose of Disbursement Dinner Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 81.94 memo
G. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy St., SE Washington, DC 20003	Purpose of Disbursement Luncheon Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/01/94	Amount of Each Disbursement This Period 18.38 memo
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Not Itemized MasterCard Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 301.03 memo
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Not Itemized Operating Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period 715.53

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