

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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1. C00025379 NY/29 120597 N
 AD ROGER A MARCHIONE JR
 FRIENDS OF JOHN LAFALCE
 40 JEANMOOR ROAD
 AMHERST NY 14228
 CIT

2. FEC IDENTIFICATION NUMBER
C00025379
 3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
 July 15 Quarterly Report
 October 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
 January 31 Year End Report
 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 <u>7/1/97</u> through <u>12/31/97</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	59,123.20	75,327.64
(b) Total Contribution Refunds (from Line 20(d))	none	5,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	59,123.20	70,327.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38,763.43	97,249.57
(b) Total Offsets to Operating Expenditures (from Line 14)	20.88	6,419.48
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	38,742.55	90,830.09
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$549,025.01	For further information contact: Federal Election Commission 998 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
Roger A. Marchione Jr.
 Signature of Treasurer *Roger A. Marchione Jr.* Date **1/29/98**

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)		Report Covering the Period:	
Friends of John LaFalce		From: 7/1/97	To: 12/31/97
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) -----		20,413.20	
(ii) Unitemized -----		3,110.00	
(iii) Total of contributions from individuals -----		23,523.20	22,283.20
(b) Political Party Committees -----		1,000.00	1,000.00
(c) Other Political Committees (such as PACs) -----		34,600.00	42,044.44
(d) The Candidate -----		none	none
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----		59,123.20	75,327.64
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.) -----		20.88	6,419.48
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----		8,165.80	15,502.45
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----		67,309.88	97,249.57
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES -----		38,763.43	81,734.15
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) -----		none	5,000
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		none	5,000
21. OTHER DISBURSEMENTS -----		2,000	2,000
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----		40,763.43	88,734.15
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----		\$ 522,478.56	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----		\$ 67,309.88	
25. SUBTOTAL (add Line 23 and Line 24) -----		\$ 589,788.44	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----		\$ 40,763.43	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----		\$ 549,025.01	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
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

<p>A. Full Name, Mailing Address and ZIP Code David E. Franasiak 527 Lee Circle Annapolis, MD 21403</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Williams & Jensen</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 8/6/97</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>B. Full Name, Mailing Address and ZIP Code Paul Schosberg 168 Todd Road Katonah, NY 10536</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer American Community Bankers</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 350</p>	<p>Date (month, day, year) 8/15/97</p>	<p>Amount of Each Receipt this Period \$350</p>
<p>C. Full Name, Mailing Address and ZIP Code Royer & Babyak (PARTNERS) 1747 Pennsylvania Ave. Suite 900 Washington, DC 20006</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer ATTORIBUTION BELOW</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 9/15/97</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert Royer 1747 Pennsylvania Ave. Suite 900 Washington, DC 20006</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Royer & Babyak</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 9/15/97</p>	<p>Amount of Each Receipt this Period \$500 MEMO</p>
<p>E. Full Name, Mailing Address and ZIP Code Alfred A. Dellibovi Longview Lane P.O. Box 761 Chappaqua, NY 10514-0761</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Federal Home Loan Bank of New York</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 9/15/97</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>F. Full Name, Mailing Address and ZIP Code Paul Heroux 187 Lincoln Road Westfield, NJ 07090</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Federal Home Loan Bank of New York</p> <p>Occupation Sr/Vice President</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 9/15/97</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>G. Full Name, Mailing Address and ZIP Code M. Lee Butera 4901 Quebec Street, N.W. Washington, DC 20016</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 9/15/97</p>	<p>Amount of Each Receipt this Period \$500</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2024-03-23 13:27:42

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 6
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Butera 4901 Quebec Street, N.W. Washington, DC 20016	Butera & Andrews Occupation: Attorney	9/15/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R. Faulstich 1501 4th Ave., 19th Floor Seattle, WA 98101-1662	Federal Home Loan Bank of Seattle Occupation: Manager	9/15/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David H. Hehman 117 Ridge Hill Highland Heights, KY 41076	Federal Home Loan Bank of Cincinnati Occupation: Exec. V.P.	9/15/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thurman C. Connell 710 58th Street West Des Moines, IA 50266	Federal Home Loan Bank of Des Moines Occupation: Executive	9/15/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George L. Engelke, Jr. 83 Chelsea Road Garden City, NJ 11530	Astoria Federal Savings Occupation: EXEC.	10/6/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. O'Neill 2 World Trade Center New York, NY 10048	Sandler, O'Neil & Partners Occupation: Principal	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James J. Dunne, III 4008 W. Gilgo W. Gilgo Beach, NY 11702-4615	Sandler, O'Neil & Partners Occupation: EXEC.	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

92-03-278-2743

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **6**
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herman S. Sandler 2 World Trade Center, 104 Fl. New York, NY 10048	Sandler, D'Neil & Partners	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec.		
	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark B. Cohen 747 Middle Neck Road Great Neck, NY 11024	Sandler, O'Neil & Partners	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec.		
	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Douglas P. Faucette 5101 Wisconsin Ave., N. W. 5th Floor Washington, DC 20016-4120	Muldoon, Murphy & Faucette	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph A. Muldoon, Jr. 55101 Wisconsin Ave., N.W. Washington, DC 20016	Muldoon, Murphy & Faucette	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles L. Marinaccio 4911 Massachusetts Ave., N.W. Washington, DC 20016-4310	Self Employed	10/6/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant		
	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel M. Crane 1010 Pennsylvania Ave., S.E. Washington, DC 20003	Campbell - Crane	10/6/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patricia A. McJoynt 2689 Fair Ave. Bexley, OH 43209	Charles Webb & Co.	10/16/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive V. President		
	Aggregate Year-to-Date > \$ 500		

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 **4** OF **16**
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frederick H. Gould 50 Cutter Mill Road great Neck, NY 11021	RGouldsInvestorsutive Occupation: Real Estate Executive	10/16/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joseph Mancino 109 Tanners Pond Road Garden City, NY 11530	Roslyn Savings Bank Occupation: CEO	10/16/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
C.F. Muckenfuss, III 17 W. Kirke Street Chevy Chase, MD 20815	Gibson, Dunn & Crutcher Occupation: ATTORNEY	10/16/97	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Palmer C. Hamilton P.O. Box 46 Mobile, AL 36601	Miller, Hamilton, Snids & Odum Occupation: ATTORNEY	10/16/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wilkinson, Barker, Knauer & Quinn, LLP 2300 N Street, N.W. Suite 700 Washington, DC 20037-1128	[MULTIPLE PARTNERS - LESS THAN \$ 200 EACH] Occupation:	11/20/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Williams C. Edwards 3000 Sandhill Road Menlo Park, CA 94025-7116	Bryan & Edwards Occupation: Executive	12/12/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William K. Bowes Jr. 2180 Sand Hill Road Suite 300 Menlo Park, CA 94025	U.S. Venture Partners Occupation: EXEC.	12/12/97	\$1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000		

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 **5** OF **6**
FOR LINE NUMBER **11 (2) (1)**

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code Leland S. Prussia 555 California Street Suite 500 San Francisco, CA 94104	Name of Employer INFO. REQUESTED Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFO. REQUESTED Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFO. REQUESTED Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFO. REQUESTED Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFO. REQUESTED Occupation Homemaker Aggregate Year-to-Date > \$ 500	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Investor Aggregate Year-to-Date > \$ 500	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFO. REQUESTED Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$250
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 > \$ 1,000	Date (month, day, year) 12/12/97	Amount of Each Receipt this Period \$1000

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 6
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

<p>A. Full Name, Mailing Address and ZIP Code David Nierenberg 19605 NE 8th Street Camas, WA 98607</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Trinity Ventures Ltd.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 12/12/97</p>	<p>Amount of Each Receipt This Period \$1000</p>
<p>B. Full Name, Mailing Address and ZIP Code Patricia Nierenberg 19605 NE 8th Street Camas, WA 98607</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 2,000</p>	<p>Date (month, day, year) 12/12/97</p>	<p>Amount of Each Receipt This Period \$1000</p>
<p>C. Full Name, Mailing Address and ZIP Code David Nierenberg 19605 NE 8th Street Camas, WA 98607</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Trinity Ventures Ltd.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 2,000</p>	<p>Date (month, day, year) 12/12/97</p>	<p>Amount of Each Receipt This Period \$1000</p>
<p>D. Full Name, Mailing Address and ZIP Code JAMES E. SMITH 5214 FARRINGTON Rd. BETHESDA, MD 20816</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer SMITH - FREE GROUP</p> <p>Occupation CHAIRMAN</p> <p>Aggregate Year-to-Date > \$ 563.20</p>	<p>Date (month, day, year) 8/25/97</p>	<p>Amount of Each Receipt This Period \$563.20 CONTRIBUTION IN-KIND (CATERING COSTS)</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 20,413.20

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 (a) (ii)

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT M. BARNES 145 RIVERSIDE AVENUE BUFFALO, NY 14207		7/19/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. WILLIAM LANDEFELD 3 STONEY CT. BLOOMINGTON, IL 61704		8/06/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD R. GLANCZ 11615 HITCHING POST LANE ROCKVILLE, MD 20852		10/06/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROL R. VAN CLEEF, ESQ. 6512 MONIQUE CT. MC LEAN, VA 22101		10/06/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD F. RADKE 7190 SW GABLE PKWY. PORTLAND, OR 97225		12/12/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY M. ARPAN 2806 S.W. BERTHA BLVD. PORTLAND, OR 97201		12/12/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH W. REEDER 3216 SYCAMORE WAY MEDFORD, OR 97504		12/12/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		

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 **2** OF **2**
FOR LINE NUMBER **11 (a) (ii)**

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID MC CLUNG 7655 S.W. BENTWOOD PORTLAND, OR 97225		12/12/97	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD D. DURRETT 11318 SW MILITARY RD. PORTLAND, OR 97219		12/12/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTOR L. BARTRUFF 22920 SW ENO PL. TUALATIN, OR 97062		12/12/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LLOYD W. BAKER 1261 LANCER DR. WALLA WALLA, WA 99362		12/12/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES E. THOMAS 71 HIDALGO LAKE OSWEGO, OR 97035		12/12/97	\$150
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 150		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD M. BORNES, JR. 17 PINCKNEY ST BOSTON, MA 02114		12/31/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 100		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NOT ITEMIZED CONTRIBUTIONS			\$1660
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 3110

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (b)

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM. 430 SOUTH CAPITOL ST. WASHINGTON, DC 20003	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 12/19/97 CONTRIBUTION IN-KIND (RESEARCH)	Amount of Each Receipt this Period \$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$1,000

2025 RELEASE UNDER E.O. 14176

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SBU POLITICAL ACTION COMMITTEE PAC 233 GENESSEE ST. UTICA, NY 13501		07/01/97	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AT&T COMMITTEE PAC 32 AVENUE OF THE AMERICAS NEW YORK, NY 10013		08/06/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WASHINGTON MUTUAL, INC. PAC GREAT WESTERN FINANCIAL CORP. 9200 OAKDALE AVE. CHATSWORTH, CA 91311		08/06/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEAN WITTER -DISCOVER & CO. PAC COMMITTEE 1300 I STREET, NW, 12TH FL. WASHINGTON, DC 20005		08/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PUBLIC SECURITIES ASSOCIATION PAC COMMITTEE 1445 NEW YORK AVE., NW, SUITE 800 WASHINGTON, DC 20005		08/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAS COMMUNITY BANKERS PAC COMMUNITY CAMPAIGN COMMITTEE 900 19TH STREET, NW, SUITE 400 WASHINGTON, DC 20006		08/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BANC ONE COMMITTEE PAC 100 E. BROAD ST. COLUMBUS, OH 43271-0251		08/06/97	\$5000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **17**
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code BARNETT PEOPLE FOR BETTER GOVERNMENT FEDERAL MULTICANDIDATE PAC 50 N. LAURA ST. JACKSONVILLE, FL 32202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 07/31/97	Amount of Each Receipt this Period \$1000
B. Full Name, Mailing Address and ZIP Code CITICORP VOLUNTARY POLITICAL FUND FEDERAL PAC 1101 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004 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	Date (month, day, year) 07/31/97	Amount of Each Receipt this Period \$500
C. Full Name, Mailing Address and ZIP Code CRANYS-PAC P.O. BOX 325 GRAND CENTRAL STATION NEW YORK, NY 10163 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	Date (month, day, year) 07/31/97	Amount of Each Receipt this Period \$500
D. Full Name, Mailing Address and ZIP Code WESTERN LEAGUE OF SAVING INSTITUTIONS FEDPAC COMMITTEE 1960 E. GRAND AVE., STE. 1000 EL SEGUNDO, CA 90245 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	Date (month, day, year) 07/31/97	Amount of Each Receipt this Period \$500
E. Full Name, Mailing Address and ZIP Code TITLE INDUSTRY COMMITTEE (TIPAC) OF THE AMERICAN LAND TITLE ASSOCIATION 1828 L. STREET, N.W., SUITE 705 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 > \$ 500	Date (month, day, year) 08/06/97	Amount of Each Receipt this Period \$500
F. Full Name, Mailing Address and ZIP Code GENERAL ELECTRIC COMPANY COMMITTEE 1299 PENNSYLVANIA AVE., N.W., SUITE 1100 WASHINGTON, DC 20004-2407 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	Date (month, day, year) 08/06/97	Amount of Each Receipt this Period \$500
G. Full Name, Mailing Address and ZIP Code DRIVE POLITICAL FUND AFFILIATED WITH THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS 25 LOUISIANA AVE, NW, WASHING., DC 20001 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	Date (month, day, year) 08/07/97	Amount of Each Receipt this Period \$500

SUBTOTAL of Receipts This Page (optional)

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001 013 273 273 273

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **17**
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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

<p>A. Full Name, Mailing Address and ZIP Code COMPAC CONSUMER BANKERS ASSOCIATIONS PAC 1000 WILSON BLVD., SUITE 3012 ARLINGTON, VA 22209-3908</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>08/07/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$500</p>
<p>B. Full Name, Mailing Address and ZIP Code SECURITIES INDUSTRY ASSOCIATION PAC 1401 EYE STREET, N.W., SUITE 1000 WASHINGTON, DC 20005-2225</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>08/07/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$500</p>
<p>C. Full Name, Mailing Address and ZIP Code MANUFACTURED HOUSING INSTITUTE PAC 2101 WILSON BLVD., SUITE 610 ARLINGTON, VA 22201-3062</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year)</p> <p>08/07/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000</p>
<p>D. Full Name, Mailing Address and ZIP Code GM CIVIC INVOLVEMENT PROGRAM PAC 3044 W. GRAND BLVD. DETROIT, MI 48202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 750</p>	<p>Date (month, day, year)</p> <p>09/10/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$500</p>
<p>E. Full Name, Mailing Address and ZIP Code KIRKPATRICK & LOCKHART, LLP PAC 535 SMITHFIELD ST., ROOM 1500 PITTSBURGH, PA 15222-2312</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>09/15/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$500</p>
<p>F. Full Name, Mailing Address and ZIP Code AM SOUTH PAC P.O. BOX 11007 BIRMINGHAM, AL 35288</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>10/06/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$500</p>
<p>G. Full Name, Mailing Address and ZIP Code ATLA PAC 1050 31ST ST., N.W. WASHINGTON, DC 20007</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year)</p> <p>10/06/97</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000</p>

SUBTOTAL of Receipts This Page (optional)

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.F. AHMANSON & COMPANY FEDERAL PAC 591 REDWOOD HWY., NO. 4000 MILL VALLEY, CA 94941		10/06/97	\$2500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > 6 2500			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICA'S COMMUNITY BANKERS COMMUNITY CAMPAIGN COMMITTEE 900 19TH ST., N.W., SUITE 400 WASHINGTON, DC 20006		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > 3 1,000			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOLDMAN, SACHS PARTNERS PAC 1101 PENN AVE., N.W. WASHINGTON, DC 20004		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE MORGAN COMPANIES PAC 60 WALL ST. NEW YORK, NY 10260		10/06/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > 5 1,000			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OCEAN FEDERAL SAVINGS BANK PAC 975 HOOPEE AVE. TOMS RIVER, NJ 08754		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIRKPATRICK & LOCKHART, LLP PAC 535 SMITHFIELD ST., RM. 1500 PITTSBURGH, PA 15222-2312		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > 3 1,000			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL ASSOCIATION OF SMALL BUSINESS INVESTMENT COMPANIES PAC 666 11TH ST., N.W. STE. 750 WASHINGTON, DC 20001		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500			

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **17**
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WESTERN LEAGUE OF SAVINGS INSTITUTIONS FEDPAC 1960 E. GRAND AVE., STE. 1000 EL SEGUNDO, CA 90245		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEAR STERNS POLITICAL CAMPAIGN COMMITTEE 245 PARK AVE. NEW YORK, NY 10167		10/06/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHEVY CHASE BANK FSB FEDERAL PAC 8401 CONNECTICUT AVE. CHEVY CHASE, MD 20815		10/06/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GOLDEN STATE PAC 11355 W. OLYMPIC BLVD., 2ND FL. LOS ANGELES, CA 90064		10/09/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FORD MOTOR CO. CIVIC ACTION FUND THE AMERICAN RD. DEARBORN, MI 48121		10/10/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CITICORP VOLUNTARY POLITICAL FUND FEDERAL 1101 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004		10/16/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THE ASCAP LEGISLATIVE FUND FOR THE ARTS 1 LINCOLN PLAZA NEW YORK, NY 10023		10/16/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		

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 **17**
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS/PAC P.O. BOX 3769 WASHINGTON, DC 20007		10/16/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTH CAROLINA BANK PAC P.O. BOX 19999 RALEIGH, NC 27619-1999		11/08/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUILD PAC OF THE NATIONAL ASSOC. OF HOME BUILDERS 1201 15TH ST., N.W. WASHINGTON, DC 20005-2800		11/08/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BANKERS TRUST NEW YORK CORP PAC 130 LIBERTY ST. NEW YORK, NY 10006		11/07/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NATIONSBANK CORPORATION PAC 100 N. Tryon St. CHARLOTTE, NC 28255		11/20/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORGAN STANLEY & CO. INC. BETTER GOVERNMENT FUND 1300 I STREET, N.W., SUITE 2005 WASHINGTON, DC 20005		11/20/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CS FIRST BOSTON GOVERNMENT ACTION FUND 1155 21ST. ST., N.W. WASHINGTON, DC 20036-3308		11/20/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	

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 this Detailed Summary Page

PAGE 7 OF 17
FOR LINE NUMBER 11 (C)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEYCORP PAC 127 PUBLIC SQ. CLEVELAND, OH 44114		12/12/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRAXAIR INC., PAC P.O. BOX 2958 DANBURY, CT 06813-2958		12/12/97	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FARM CREDIT (OF WNY) PAC 50 F STREET, N.W., SUITE 900 WASHINGTON, DC 20001		12/12/97	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 34,600

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the 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 NYNEX 1166 AVE. OF THE AMERICAS NEW YORK, NY 10036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PHONE SERVICE REFUND Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/15/97	Amount of Each Receipt this Period \$20.00
B. 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
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 Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
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)

\$ 20.00

98-03-275-2758

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Name of Employer (Interest earned on checking account)	Date (month, day, year)	Amount of Each Receipt this Period
Marine Midland Bank, N.A. One Marine Midland Center Buffalo, NY 14240	Occupation	12-3-97	\$ 1187.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 2406.94	
B. Full Name, Mailing Address and ZIP Code	Name of Employer (Dividends earned on Ready Assets Trusts)	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch Pierce Fenner & Smith 50 Fountain Plaza, Ste. 1100 Buffalo, NY 14202	Occupation	12-31-97	\$ 1952.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 3642.51	
C. Full Name, Mailing Address and ZIP Code	Name of Employer (Dividends earned on Money Market Funds)	Date (month, day, year)	Amount of Each Receipt this Period
Prudential Securities 300 Pearl St. Buffalo, NY 14202	Occupation	12-31-97	\$ 5,026.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$ 9453.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 8,165.80

98-03-1278

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN LA FALCE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank A. Amendola PO Box 408 Falls Station Niagara Falls, NY 14303	Office rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/97	150.12
B. Full Name, Mailing Address and ZIP Code Independence Party of NY 9701 Nia. Falls Blvd. Ste. 28 Nia. Falls, NY 14304	Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/97	250
C. Full Name, Mailing Address and ZIP Code Tonawanda (Tn) Dem. Comm. 594 Fries Rd. Tonawanda, NY 14150	Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/97 9/26/97	70 400
D. Full Name, Mailing Address and ZIP Code Orleans County Dem. Comm. 243 OAK ORCHARD ESTATES ALBION, NY 14411	Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/97 11/12/97	30 180
E. Full Name, Mailing Address and ZIP Code U.S. Postmaster 1200 William St. Buffalo, NY 14240	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/97 7/31/97	32 6.92
F. Full Name, Mailing Address and ZIP Code U.S. Postmaster 1200 William St. Buffalo, NY 14240	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97 10/10/97	54 85
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster 1200 William St. Buffalo, NY 14240	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/97 10/20/97	40 32
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster 1200 William St. Buffalo, NY 14240	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/97 12/23/97	64 2500
I. Full Name, Mailing Address and ZIP Code Dem. Assembly Campaign Comm. 107 Washington Ave Albany, NY 12210	Sustaining membership Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/97	500

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (set page this line number only)

127631 - 27631

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Speaker 1101 30th St. NW Washington, DC 20007	Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/97	307
National Dem. Club 30 Ivy St. SE Washington, DC 20003	Catering costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/26/97	514.94
Dem. Congress. Campaign Comm. 430 S. Capitol St. SE Washington, DC 20003	Sustaining MEMBERSHIP Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/21/97 9/9/97	5000 10000
David L. Andrukitis Inc. 50 E St. SE Washington, DC 20003	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/29/97	587.97
Grand Island Dem. Comm. 3470 Stoney Pt. Rd. Grand Island, NY 14072	Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/97	250
Caracalla Ristorante 901 9th St. NW Washington, DC 20001	Catering expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/97	212.50
Niagara University Niagara University, NY 14109	Advertising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97 11/6/97	50 1000
Computer Results Inc. 3720 S. Park Ave. Buffalo, NY 14219	Computer SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/18/97	624.54
United Parcel Service PO Box 4980 Hagerstown, MD 21747	Delivery SERVICE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/97	98

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Capitol Historical Soc. 200 Maryland Ave. NE Washington, DC 20002	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/97	2442.75
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John J. LaFalce 35 Danbury Lane Kenmore, NY 14217	Political travel & dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/97 8/16/97	460 440
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John J. LaFalce 35 Danbury Lane Kenmore, NY 14217	Political travel & dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/97 10/12/97	362 350
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John J. LaFalce 35 Danbury Lane Kenmore, NY 14217	Political travel & dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/97 12/8/97	270 350
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The GM Gold Card PO Box 88000 Baltimore, Md 21288	(see below) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/26/97 10/31/97	91.83 39.85
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The GM Gold Card PO Box 88000 Baltimore, Md 21288	(see below) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/2/97 12/23/97	234.39 3825.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ford Citibank Mastercard PO Box 6702 Sioux Falls, SD 57188	(see below) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/97 8/22/97 9/28/97	305.50 323.37 253.27
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ford Citibank Mastercard PO Box 6702 Sioux Falls, SD 57188	(see below) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/97 11/21/97	1884.21 230.39
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
See next page for memo items detailing major credit	car charges		shown above

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Friends of John LaFalce

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cafe Italiano 1129 Pennsylvania Ave. SE Washington, DC 20003	Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/97	40.09 MEMO
B. Full Name, Mailing Address and ZIP Code Canisius High School 1180 Delaware Ave. Buffalo, NY 14209	Purpose of Disbursement President's Council Membership Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/97	Amount of Each Disbursement This Period 1500 MEMO
C. Full Name, Mailing Address and ZIP Code U.S House of Reps. Gift Shop B-217 Longworth Building Washington, DC 20515	Purpose of Disbursement Supplies and gifts for volunteers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/97 9/28/97 8/22/97	Amount of Each Disbursement This Period 102.30 27.70 165.06 } MEMO
D. Full Name, Mailing Address and ZIP Code SAME AS BOX ABOVE	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/97 12/23/97 12/2/97	Amount of Each Disbursement This Period 38.85 11.88 74.75 } MEMO
E. Full Name, Mailing Address and ZIP Code SAME AS BOX ABOVE	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/31/97 9/26/97	Amount of Each Disbursement This Period 29.85 60.00 } MEMO
F. Full Name, Mailing Address and ZIP Code Hyatt Regency Bflo. Restaurant 2 Fountain Plaza Buffalo, NY 14202	Purpose of Disbursement Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/23/97	Amount of Each Disbursement This Period 18.20 MEMO
G. Full Name, Mailing Address and ZIP Code Harry's Harbour Place 2192 Niagara St. Buffalo, NY 14207	Purpose of Disbursement Dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/23/97	Amount of Each Disbursement This Period 268.58 MEMO
H. Full Name, Mailing Address and ZIP Code Office Depot 2309 Eggert Rd. Tonawanda, NY 14150	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/31/97	Amount of Each Disbursement This Period 12.95 MEMO
I. Full Name, Mailing Address and ZIP Code U.S. 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) 12/23/97	Amount of Each Disbursement This Period 3200 MEMO

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2000-03-27 03:27:03

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	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
NOT ITEMIZED CREDIT CARD CHARGES			1638.10 MEMO
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE 430 So. CAPITOL ST. WASHINGTON, DC 20003	Purpose of Disbursement RESEARCH Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/19/97	Amount of Each Disbursement This Period \$1,000 CONTRIBUTION IN-KIND
C. Full Name, Mailing Address and ZIP Code JAMES E. SMITH 5214 FARRINGTON RD. BETHESDA, MD 20816	Purpose of Disbursement CATERING EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/25/97	Amount of Each Disbursement This Period \$563.20 CONTRIBUTION IN-KIND
D. Full Name, Mailing Address and ZIP Code MARINE MIDLAND BANK, NA ONE MARINE MIDLAND CENTER BUFFALO, NY 14240	Purpose of Disbursement ACCOUNT ANALYSIS CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/31/97	Amount of Each Disbursement This Period \$176.99
E. Full Name, Mailing Address and ZIP Code NOT ITEMIZED OPERATING EXPENSES	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 \$211.19
F. Full Name, Mailing Address and ZIP Code	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
G. Full Name, Mailing Address and ZIP Code	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
H. Full Name, Mailing Address and ZIP Code	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
I. Full Name, Mailing Address and ZIP Code	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

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$38,763.43

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JOHN LAFALCE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VITALIANO FOR CONGRESS 1409 RICHMOND AVE. STATEN ISLAND, NY 10314	FED. CONTRIBUTION - U.S. HOUSE OF REP - NY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL	9-26-97	\$1,000
B. Full Name, Mailing Address and ZIP Code FRIENDS OF LOIS CAPP P.O. Box 23940 SANTA BARBARA, CA	FED. CONTRIBUTION - U.S. HOUSE OF REP - CAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) SPECIAL	11/21/97	\$1,000
C. Full Name, Mailing Address and ZIP Code	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	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
E. Full Name, Mailing Address and ZIP Code	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
F. Full Name, Mailing Address and ZIP Code	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
G. Full Name, Mailing Address and ZIP Code	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
H. Full Name, Mailing Address and ZIP Code	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
I. Full Name, Mailing Address and ZIP Code	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

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$ 2,000

93-03-276

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-31-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>MWD</i>	<i>2-4-98</i>
PREPARER	DATE PREPARED

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