

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Kuhl for Congress

ADDRESS (number and street) 10 Gansevoort St.

Check if different than previously reported. (ACC)

Bath NY 14810

2. **FEC IDENTIFICATION NUMBER** C00388173

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NY 29

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on 11 02 2004 in the State of NY

5. Covering Period 10 14 2004 through 11 22 2004

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 Sharon A. Gunsolus

Signature of Treasurer Electronically Filed by Sharon A. Gunsolus Date 07 15 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Kuhl for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	0	4

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	248440.08	948444.08
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	178.29
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	248440.08	948265.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	324564.18	908411.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	324564.18	908411.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	42436.79	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	184456.05	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Kuhl for Congress

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	<input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2004"/> (date of general election)	<input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2004"/> (date after general election)
<input type="text" value="79672.00"/> (ii) Unitemized		through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2004"/> (last day of reporting period)
(iii) Total of contributions from individuals		
<input type="text" value="86754.00"/>	<input type="text" value="485631.08"/>	<input type="text" value="9022.00"/>
(b) Political Party Committees		
<input type="text" value="500.00"/>	<input type="text" value="4500.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="161186.08"/>	<input type="text" value="458313.00"/>	<input type="text" value="16250.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate 0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) 248440.08	948444.08	25272.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES 0.00	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate 0.00	8000.00	0.00
(b). All Other Loans 0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b)) 0.00	8000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc) 0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc) 0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) 248440.08	956444.08	25272.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Kuhl for Congress

Report the covering period

From:

10

14

2004

To:

11

22

2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
324564.18	908411.83	30439.17
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

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Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	178.29	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	178.29	0.00
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21. OTHER DISBURSEMENTS

0.00	250.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

324564.18	908840.12	30439.17
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

248440.08	948265.79	25272.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

324564.18	908411.83	30439.17
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	118560.89
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	248440.08
25. SUBTOTAL(add Line 23 and Line 24)	367000.97
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	324564.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	42436.79

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 119
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. 21st Century Freedom PAC, Inc.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address Federal Funds 355 Lexington Ave., Suite 1001		Transaction ID: 1028200418C6927
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AGC Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 2300 Wilson Blvd., Ste 400		Transaction ID: 1022200443C6850
City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Agri Mark Legislation & Education Comm		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address A Multicandidate Committee P. O. Box 5800		Transaction ID: 51005.C6990
City State Zip Code Lawrence MA 01842	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3100.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Air Line Pilots Association Intl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address Political Action Committee (ALPA-P) 1625 Massachusetts Ave., N.W.		Transaction ID: 1029200416C6952
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. American Dental PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 1111-14th Street NW., Suite 1100		Transaction ID: 51005.C6993
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. American Motorcyclist Assn. PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4
Mailing Address Mr. Larry Schwartz 15 Dawn Drive		Transaction ID: 51005.C7081
City Schenectady State NY Zip Code 12302	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2004 Debt	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	7250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 9 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address A Multicandidate Committee
1155 21st Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6788

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
Americans for a Republican Majority

Mailing Address 1155 21st Street NW, Suite 300

City State Zip Code
Washington DC 20036-3312

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6777

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
Americans for a Republican Majority

Mailing Address 1155 21st Street NW, Suite 300

City State Zip Code
Washington DC 20036-3312

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6776

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. AVMA PAC-American Veterinary		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address Medical Association PAC 1910 Sunderland Place NW		Transaction ID: 1022200443C6846
City Washington State DC Zip Code 20036-1642	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Because I Care PAC (BICPAC)		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 5200 Town Center Cir, No 105		Transaction ID: 1015200435C6730
City Boca Raton State FL Zip Code 33486	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address P. O. Box 395		Transaction ID: 1020200439C6792
City Bakersfield State CA Zip Code 93302	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 119
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Build Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4 Transaction ID: 1024200447C6865
Mailing Address of the National Assoc. of Home Bui 1201 15th Street NW		Amount of Each Receipt this Period 2500.00
City Washington	State DC	Zip Code 20005-2800
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. CARE PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 Transaction ID: 1020200440C6798
Mailing Address 228 S. Washington St., Suite 115		Amount of Each Receipt this Period 5000.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Carpenters Legislative Improvement Comm.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4 Transaction ID: 1028200418C6924
Mailing Address 101 Constitution Avenue, NW		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 119
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Carpenters Legislative Improvement Comm.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 101 Constitution Avenue, NW		Transaction ID: 1028200417C6923	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2004 Debt	Election Cycle-to-Date ▼ 10000.00		

Full Name (Last, First, Middle Initial) B. Committee for Roy Goodman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1035 Fifth Avenue		Transaction ID: 1020200439C6762	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation United Nations Dev. Corp. President and CEO	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Committee on Letter Carriers Political		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4	
Mailing Address Education (COLCPE) 100 Indiana Ave., N.W.		Transaction ID: 51005.C6997	
City State Zip Code Washington DC 20001-2144	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Committee on Political Education AFL-CIO		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 815 Sixteenth Street, N.W.		Transaction ID: 1020200439C6781
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Congressional Majority Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address P. O. Box 746		Transaction ID: 1020200439C6791
City State Zip Code Bakersfield CA 93302	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Conocophillips Spirit Pac		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1776 I Street, NW, Suite 700		Transaction ID: 1020200439C6778
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Conservative Victory Fund		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 325 S Patrick St		Transaction ID: 1029200416C6956
City State Zip Code Alexandria VA 22314-3580	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Constellation Energy Federal PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4
Mailing Address 750 E. Pratt Street, 5th Floor		Transaction ID: 1022200443C6843
City State Zip Code Baltimore MD 21202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Credit Union Legislative Action Council		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address CULAC South Bldg., Suite 600		Transaction ID: 1020200439C6790
City State Zip Code Washington DC 20004-2601	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

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

FOR LINE NUMBER: PAGE 15 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address CULAC
South Bldg., Suite 600

City Washington State DC Zip Code 20004-2601

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6789

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
Dairy Farmers of America, Inc. DEPAC

Mailing Address 10220 N. Ambassador Drive

City Kansas City State MO Zip Code 64153

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200418C6926

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Dairy Farmers of America, Inc. DEPAC

Mailing Address 10220 N. Ambassador Drive

City Kansas City State MO Zip Code 64153

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 4

Transaction ID: 51005.C7070

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 119
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Dominion Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address One James River Plaza, 20th Floor P. O. Box 26666		Transaction ID: 1028200418C6942
City Richmond State VA Zip Code 23261	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dons PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4
Mailing Address A Multi-Candidate Committee P. O. Box 9571		Transaction ID: 1024200447C6868
City Alexandria State VA Zip Code 22304	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Eastman Kodak Company Employee PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4
Mailing Address A Multi Candidate Committee 343 State Street		Transaction ID: 1024200447C6864
City Rochester State NY Zip Code 14650-0516	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

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

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

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

FOR LINE NUMBER: PAGE 17 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Eastman Kodak Company Employee PAC

Mailing Address A Multi Candidate Committee
343 State Street

City State Zip Code
Rochester NY 14650-0516

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1027200424C6894

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Eastman Kodak Company Employee PAC

Mailing Address A Multi Candidate Committee
343 State Street

City State Zip Code
Rochester NY 14650-0516

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1027200424C6897

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman

Mailing Address Corporation PAC (ENGPAC)
520 S. Grand Ave., Suite 700

City State Zip Code
Los Angeles CA 90071

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: 1029200416C6951

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Farm Credit Political Action Committee

Mailing Address 50 F. Street NW, Suite 900

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 4

Transaction ID: 51005.C7069

Amount of Each Receipt this Period
500.00

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

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

Mailing Address Qualified Multi-Candidate Committee
942 S. Shady Grove Rd.

City State Zip Code
Memphis TN 38120

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 8 / 2 0 0 4

Transaction ID: 1028200418C6940

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Bobby Jindal, Inc.

Mailing Address 8550 United Plaza Blvd, Ste 1001

City State Zip Code
Baton Rouge LA 70809

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 9 / 2 0 0 4

Transaction ID: 51005.C6976

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Friends of Fuschillo

Mailing Address P.O. Box 336

City State Zip Code
Merrick NY 11566

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	4

Transaction ID: 1022200443C6852

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Senator Seward

Mailing Address Hon. James Seward
PO Box 20

City State Zip Code
Oneonta NY 13820

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

Name of Employer Occupation
NYS Senate

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	4

Transaction ID: 1015200435C6728

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Snowmobiling PAC

Mailing Address 1640 Haslett Rd., Suite 170

City State Zip Code
Haslett MI 48840

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	4

Transaction ID: 1024200448C6870

Amount of Each Receipt this Period
250.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 119
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Gun Owners of America		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address Political Victory Fund 8001 Forbes Place, Suite 102		Transaction ID: 1025200437C6885	
City Springfield	State VA	Zip Code 22151	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) HALPAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 1155-21st Street, NW Suite 300		Transaction ID: 1020200439C6782	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00		

C. Full Name (Last, First, Middle Initial) Harris Beach LLP		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address Political Committee - Federal 99 Garnsey Road		Transaction ID: 1027200424C6893	
City Pittsford	State NY	Zip Code 14534	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER: PAGE 21 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Independent Oil and Gas Assoc. of NY PAC
Mailing Address 828 Four Mile Rd.
City State Zip Code
Allegany NY 14706
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4
Transaction ID: 1020200439C6744
Amount of Each Receipt this Period
250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League
Mailing Address Multi-Candidate Committee
1750 New York Avenue, N.W.
City State Zip Code
Washington DC 20006
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt
Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 4
Transaction ID: 51005.C7062
Amount of Each Receipt this Period
2500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
JA PAC
Mailing Address 1185-6th Ave., 30th Flr.
City State Zip Code
New York NY 10036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4
Transaction ID: 1029200416C6957
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3250.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address P. O. Box 45444

City State Zip Code
Phoenix AZ 85064

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

Name of Employer Occupation
US Govt. Congressman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1027200424C6906

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Kirk for Congress, Inc.

Mailing Address P.O. Box 8

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
US Govt. Congressman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 4

Transaction ID: 51005.C6989

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address P.O. Box 64101

City State Zip Code
Saint Paul MN 55164

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6750

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Linder for Congress
Mailing Address P.O. Box 4026
City State Zip Code
Duluth GA 30096
FEC ID number of contributing federal political committee. **C**
Name of Employer US Govt. Occupation Congressman
Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4
Transaction ID: 1020200439C6775
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Majority In Congress PAC
Mailing Address 601 North Ferncreek Avenue Suite 200
City State Zip Code
Orlando FL 32803
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4
Transaction ID: 1027200424C6902
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
NAPUS PAC For Postmasters
Mailing Address 8 Herbert Street
City State Zip Code
Alexandria VA 22305-2600
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
General 2004 Debt

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 4
Transaction ID: 51005.C6983
Amount of Each Receipt this Period
500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
National Association of Federal

Mailing Address Credit Unions NAFCU/PAC
3138 10th Street N.

City Arlington State VA Zip Code 22201

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6787

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
National Association of Insurance and

Mailing Address Financial Advisory PAC (NAIFAPAC)
2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 4

Transaction ID: 51005.C7066

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association

Mailing Address Political Action Committee (NBWA P)
1100 King Street, Suite 600

City Alexandria State VA Zip Code 22314-2944

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 4

Transaction ID: 1015200452C6731

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **9500.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association

Mailing Address Political Action Committee (NBWA P
1100 King Street, Suite 600

City State Zip Code
Alexandria VA 22314-2944

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: 1015200452C6732

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
National Court Reporters Association PAC

Mailing Address 8224 Old Courthouse Road

City State Zip Code
Vienna VA 22182-3808

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6751

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
National Milk Producers Federation PAC

Mailing Address 2101 Wilson Blvd., Ste 400

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 4

Transaction ID: 51005.C7068

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
National Paint & Coatings Assn. Inc.

Mailing Address Political Action Committee
1500 Rhode Island Ave., N.W.

City Washington State DC Zip Code 20005-5503

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 4

Transaction ID: 51005.C6991

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
National Restaurant Association PAC

Mailing Address 1200 Seventeenth Street, NW

City Washington State DC Zip Code 20036-3097

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1027200424C6892

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
National Society of Professional

Mailing Address Engineers Political Action Committ
1420 King Street

City Alexandria State VA Zip Code 22314-2794

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Transaction ID: 1029200416C6965

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **6000.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
New American Leadership Fund
 Mailing Address 1155 21st St., N.W., Suite 300
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 1 7 / 2 0 0 4
Transaction ID: 51005.C7059
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
New York Life PAC
 Mailing Address 51 Madison Avenue, Room 117M
 City State Zip Code
 New York NY 10010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 2 / 2 0 0 4
Transaction ID: 1024200447C6866
 Amount of Each Receipt this Period
 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ontario County Womens Republican Club
 Mailing Address c/o Joanne Lincoln, Treasurer
 7772 Hickory Bottom Road
 City State Zip Code
 Naples NY 14512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2004
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 0 / 2 0 0 4
Transaction ID: 1021200429C6817
 Amount of Each Receipt this Period
 200.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2200.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Pioneer PAC Mailing Address 412 First St., S.E., Suite 100 City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 1029200416C6967 Amount of Each Receipt this Period <table border="1"> <tr> <td>3736.08</td> </tr> </table> In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	4	3736.08
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	9		2	0	0	4														
3736.08																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>3736.08</td> </tr> </table>		3736.08	Postage																				
3736.08																							

B. Full Name (Last, First, Middle Initial) Promoting Republicans You Can Elect Mailing Address Project 1155-21 St., N.W., Suite 300 City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 1020200439C6780 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	4	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	8		2	0	0	4														
5000.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5000.00</td> </tr> </table>		5000.00																					
5000.00																							

C. Full Name (Last, First, Middle Initial) Realtors PAC Mailing Address 130 Washington Avenue City Albany State NY Zip Code 12210-2220 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>4</td> </tr> </table> Transaction ID: 1020200440C6816 Amount of Each Receipt this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	0		2	0	0	4	5000.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	0		2	0	0	4														
5000.00																							
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>10000.00</td> </tr> </table>		10000.00																					
10000.00																							

SUBTOTAL of Receipts This Page (optional)	13736.08
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Red Pac Mailing Address 437 New Jersey Ave. SE City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4 Transaction ID: 1015200435C6729 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Rely on your Beliefs Fund (Roy B) Mailing Address Roy Blunt, Honorary Chairman 209 Pennsylvania Avenue, SE City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 4 Transaction ID: 51005.C7063 Amount of Each Receipt this Period 5000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2004 Debt Election Cycle-to-Date ▼ 5000.00		

C. Full Name (Last, First, Middle Initial) Republican Main Street PAC Mailing Address 1220 L St. NW STE 100-263 City Washington State DC Zip Code 20005-4018 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 4 Transaction ID: 51005.C7060 Amount of Each Receipt this Period 2500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2004 Debt Election Cycle-to-Date ▼ 2500.00		

SUBTOTAL of Receipts This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Sallie Mae, Inc. PAC

Mailing Address 2061 Bluemont Way

City State Zip Code
Reston VA 20190

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	4

Transaction ID: 51005.C6994

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
TEAMPAC

Mailing Address A Qualified Multicandidate Committ
P.O. Box 14163

City State Zip Code
Scottsdale AZ 85267

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

Name of Employer Occupation
US Govt. Congressman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	4

Transaction ID: 1028200418C6939

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
The St Paul Travelers Companies Inc. PAC

Mailing Address One Tower Square

City State Zip Code
Hartford CT 06183

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	4

Transaction ID: 1020200439C6779

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Union Pacific Corporation Fund

Mailing Address for Effective Government
600 Thirteenth Street, NW Suite 34

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1020200440C6812

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
United Transportation Union PAC

Mailing Address 14600 Detroit Avenue

City State Zip Code
Lakewood OH 44107

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 4

Transaction ID: 1024200447C6869

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
US Apple Association PAC

Mailing Address 8233 Old Courthouse Road, Suite 20

City State Zip Code
Vienna VA 22182

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6749

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
US Cuba Democracy PAC

Mailing Address 1200 W. 49th Street

City State Zip Code
Hialeah FL 33012

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Transaction ID: 1028200418C6938

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Verizon Communications Inc.

Mailing Address Good Government Club
1717 Arch Street 47-S

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6743

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Verizon Communications Inc.

Mailing Address Good Government Club
1717 Arch Street 47-S

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Transaction ID: 1030200455C6968

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 119
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Walsh for Congress Committee

Mailing Address 306 Winkworth Parkway

City State Zip Code
Syracuse NY 13215

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

Name of Employer Occupation
US Govt. Congressman

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	4

Transaction ID: 1020200439C6733

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	161186.08

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Larry Aiello, Jr.

Mailing Address 3603 Bermuda Drive

City State Zip Code
Conover NC 28613-9428

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

Name of Employer Occupation
Corning Incorporated Pres., Corning Cable Systems

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200443C6853

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Carroll Anstaett

Mailing Address PO Box 1110
4 Skyview Drive

City State Zip Code
Olean NY 14760

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

Name of Employer Occupation
Smith Barney Financial Consultant

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
75.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 4

Transaction ID: 51005.C7032

Amount of Each Receipt this Period
75.00

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

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

Mailing Address 318 N Third St

City State Zip Code
Olean NY 14760

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

Name of Employer Occupation
Self-Employed Dry cleaner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200418C6935

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Forrest Behm

Mailing Address 3 Briarcliff Drive

City State Zip Code
Corning NY 14830

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 4

Transaction ID: 51005.C6995

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 48 Benedict Blvd

City State Zip Code
Elmira NY 14903

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

Name of Employer Elmira Psychiatric Center Occupation Executive Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6770

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 735 Ridge Road

City State Zip Code
Horseheads NY 14845

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

Name of Employer 3 Rivers Development Corp. Occupation Executive Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6771

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Rodney Bennett

Mailing Address 10205 Old State Road

City State Zip Code
Dalton NY 14836

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

Name of Employer Self-Employed
Occupation Dairy farmer

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
204.07

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 4

Transaction ID: 1025200437C6881

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Eugene Blabey

Mailing Address P. O. Box 92

City State Zip Code
Forestburgh NY 12777

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

Name of Employer
Western NY/Penna RR, LLC
Occupation Chairman/CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6830

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Eugene Blabey

Mailing Address P. O. Box 92

City State Zip Code
Forestburgh NY 12777

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

Name of Employer
Western NY/Penna RR, LLC
Occupation Chairman/CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6820

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
A. Lee Blades

Mailing Address 1770 Evans Road

City State Zip Code
Arkport NY 14807

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1170.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2004

Transaction ID: 1020200440C6801

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
A. Lee Blades

Mailing Address 1770 Evans Road

City State Zip Code
Arkport NY 14807

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2004

Transaction ID: 51005.C7035

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Charles Bliss

Mailing Address 9200 E Centerville Rd
P. O. Box 276

City State Zip Code
Rushford NY 14777

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

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2004

Transaction ID: 1028200418C6934

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Richard Bornholdt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 112 E. 8th Street		Transaction ID: 1020200439C6797
City State Zip Code Watkins Glen NY 14891	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Info Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Leonard Bower		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 145F Gibbs Street		Transaction ID: 1015200435C6721
City State Zip Code Rochester NY 14605	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Info Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. William Burt		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address P. O. Box 381		Transaction ID: 1021200430C6832
City State Zip Code Lakeville NY 14480	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Info Requested Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Info Requested Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3050.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
James Carey

Mailing Address 10 White Tail Lane

City State Zip Code
Penn Yan NY 14527-9564

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

Name of Employer Self-Employed Occupation
CPA

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 4

Transaction ID: 51005.C7057

Amount of Each Receipt this Period
25.00

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

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

Mailing Address 195 Garnsey Road

City State Zip Code
Pittsford NY 14534

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

Name of Employer Mac Gregors Occupation
President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: 1015200435C6722

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William Clack

Mailing Address 58 Yellow Rock Lane

City State Zip Code
Horseheads NY 14845

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

Name of Employer Self-Employed Occupation
Podiatrist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: 1015200435C6712

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 338 Main Street

City State Zip Code
Penn Yan NY 14527

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

Name of Employer Pinckney Hardware Occupation Clerk

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200429C6818

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Clough Harbour & Associates, LLP

Mailing Address 16 Main Street West Suite 830

City State Zip Code
Rochester NY 14614-1607

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1028200417C6908

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 16 Main Street West, Suite 830

City State Zip Code
Rochester NY 14614-1607

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

Name of Employer Clough Harbour & Associates Occupation Partner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 51208.C7879

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Clough Harbour & Associates, LLP

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 10101 Grandview Lane

City State Zip Code
Hammondsport NY 14840

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

Name of Employer Occupation
Bariatru Surgical Assoc. Surgeon

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 4

Transaction ID: 1025200437C6876

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Cheryl Crozier

Mailing Address 2868 Chequers Circle

City State Zip Code
Big Flats NY 14814

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

Name of Employer Occupation
Corning Incorporated Admin. Assistant

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Transaction ID: 51005.C6979

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Davidson Fink Cook Kelly & Galbraith LLP

Mailing Address 28 East Main Street, Suite 1700

City State Zip Code
Rochester NY 14614

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

Name of Employer Occupation

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: 1020200439C6738

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Fink Davidson

Mailing Address Attorneys at Law
28 East Main St., Ste. 1700

City State Zip Code
Rochester NY 14614

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

Name of Employer DavidsonFinkCookKellyGalbraith
Occupation Partner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: 51208.C7881

Amount of Each Receipt this Period
500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Davidson Fink Cook Kelly & Galbraith LLP

B. Full Name (Last, First, Middle Initial)
Larry Deyoung

Mailing Address 54 N. Waterloo Rd.

City State Zip Code
Devon PA 19333

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

Name of Employer Western NY/Penna RR, LLC
Occupation Officers/Directors

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6831

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Olindo DiFrancesco

Mailing Address 1510 Lyell Avenue

City State Zip Code
Rochester NY 14606

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

Name of Employer Olindo Foods
Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200443C6845

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Susan Dillon

Mailing Address 960 Fifth Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6837

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Gerard DiMarco

Mailing Address 2 State Street, Ste. 975

City State Zip Code
Rochester NY 14614

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

Name of Employer DiMarco & Riley Occupation Attorney at Law

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6783

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 3878 Blufton Mill Rd.

City State Zip Code
Free Union VA 22940

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

Name of Employer John Dudinsky & Associates Occupation Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1028200417C6912

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Joseph Dwyer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 1616 West State Street		Transaction ID: 1021200430C6821
City State Zip Code Olean NY 14760	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Dwyer, Black & Lyle, P.C. Attorney at Law	Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Edmund Eaves		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 660 Liberty Street		Transaction ID: 1021200430C6826
City State Zip Code Penn Yan NY 14527	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Dentist	Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Francis Feely		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 60 S. Main Street		Transaction ID: 1020200440C6808
City State Zip Code Avoca NY 14809-0073	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Retired Retired	Receipt For: 2004 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Bruce Fennie Mailing Address 98 North Country Club Drive City Rochester State NY Zip Code 14618 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Transaction ID: 1028200417C6911 Amount of Each Receipt this Period 500.00
Name of Employer Bruce Fennie & Associates Occupation Owner Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) James Finkle Mailing Address 61 Howell Street City Canandaigua State NY Zip Code 14424 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Transaction ID: 1027200424C6899 Amount of Each Receipt this Period 1000.00
Name of Employer Constellation Brands, Inc. Occupation Sr. VP, External Affairs Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial) Robert Fischer Mailing Address 51 Meadow Cove Road City Pittsford State NY Zip Code 14534-3350 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4 Transaction ID: 1027200424C6903 Amount of Each Receipt this Period 1000.00
Name of Employer Hayes Fischer Capital Occupation Security Advisor/Owner Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Asher Flaum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4	
Mailing Address 8 Canal Park Place		Transaction ID: 1027200424C6904	
City State Zip Code Pittsford NY 14534-1009		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Flaum Management Company	Occupation Leasing Agent		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) B. Brian France		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address P. O. Box 2875		Transaction ID: 1028200418C6945	
City State Zip Code Daytona Beach FL 32120-2875		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NASCAR	Occupation Corporate Executive		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Sidney Frank		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 20 Cedar Street, Suite 203		Transaction ID: 1020200440C6813	
City State Zip Code New Rochelle NY 10801		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Sidney Frank Importing	Occupation Chairman of the Board		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Margaret Franklin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4	
Mailing Address 3619 Smith Pond Road S		Transaction ID: 1025200437C6879	
City State Zip Code Avoca NY 14809		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

B. Full Name (Last, First, Middle Initial) Thomas Freeman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 4	
Mailing Address 9821 Split Rock Cir		Transaction ID: 1025200437C6883	
City State Zip Code Hammondsport NY 14840		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First Air	Occupation CEO		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Linda Fritts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 6432 Lakeview Drive		Transaction ID: 70709.C9355	
City State Zip Code Falls Church VA 22041		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Dow Lohnes	Occupation Attorney at Law		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 48 / 119
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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Greg Goldstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 344 Myers Road		Transaction ID: 1029200416C6966	
City State Zip Code Neversink NY 12765		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Western NY/Penna RR, LLC Director			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Gosling		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4	
Mailing Address 5431 Cramer Rd		Transaction ID: 1029200416C6964	
City State Zip Code Canandaigua NY 14424		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Brown & Brown, Inc. Info Requested			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. John Graham		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4	
Mailing Address 11 A Buckskin Lane		Transaction ID: 1028200418C6944	
City State Zip Code Ormond Beach FL 32174		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Intl Speedway Corporation Corporate Executive			
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Kirk Gregg Mailing Address 2119 Spencer Hill Road City Corning State NY Zip Code 14830 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4 Transaction ID: 1022200443C6842 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Corning Incorporated Occupation Chief Administrative Officer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00		

B. Full Name (Last, First, Middle Initial) Kirk Gregg Mailing Address 2119 Spencer Hill Road City Corning State NY Zip Code 14830 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4 Transaction ID: 1029200416C6948 Amount of Each Receipt this Period 1000.00 In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Corning Incorporated Occupation Chief Administrative Officer Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Site Rental

C. Full Name (Last, First, Middle Initial) John H. J. Guth Mailing Address 30 Rockefeller Plaza, Room 5600 City New York State NY Zip Code 10112 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4 Transaction ID: 1020200439C6759 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Woodcock Financial Management, Occupation Consultant Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Nedenia H. Hartley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 870 U.N. Plaza		Transaction ID: 1020200439C6772	
City State Zip Code New York NY 10017		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Meyer Handelman Co.	Occupation Executive		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. William Hatch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 6550 Hughes Road		Transaction ID: 1020200439C6740	
City State Zip Code Canisteo NY 14823		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Staffing & Payroll Solutions	Occupation President		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Vincent Hatton		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 4	
Mailing Address 163 Watauga Avenue		Transaction ID: 1022200443C6857	
City State Zip Code Corning NY 14830		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Corning Incorporated	Occupation Attorney at Law		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Kyle Hennicke

Mailing Address 79 Brett Road

City State Zip Code
Rochester NY 14609

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

Name of Employer Occupation
Strong Health Nurse Practitioner

Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt

Election Cycle-to-Date ▼
75.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 4

Transaction ID: 51005.C7010

Amount of Each Receipt this Period
75.00

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

B. Full Name (Last, First, Middle Initial)
Hein Hettinga

Mailing Address 17094 Cucamonga avenue

City State Zip Code
Corona CA 92880

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 4

Transaction ID: 51005.C7067

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 3060 Seneca Castle Road
P. O. Box 142

City State Zip Code
Seneca Castle NY 14547

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6747

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3075.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Sandy Hicks

Mailing Address P.O. Box 146

City State Zip Code
Seneca Castle NY 14547

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

Name of Employer Occupation
Hi-Zor Farms Sales Clerk

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6748

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Anne Hoffman

Mailing Address 29 Sawyer Road

City State Zip Code
Wellesley Hills MA 02481

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200418C6925

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Amory Houghton

Mailing Address 80 East Market St., Ste. 201

City State Zip Code
Corning NY 14830

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

Name of Employer Occupation
Retired Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 4

Transaction ID: 51005.C6980

Amount of Each Receipt this Period
2000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 28 High Pond Rd.

City Elmira State NY Zip Code 14901

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

Name of Employer F. M. Howell & Co. Occupation Chairman/C.E.O.

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6785

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Peter Humphrey

Mailing Address Financial Institutions, Inc
PO Box 110

City Warsaw State NY Zip Code 14569

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

Name of Employer Financial Institutions, Inc. Occupation Banker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200443C6854

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Rok Hur

Mailing Address 7000 Blvd. East, 21A

City West New York State NJ Zip Code 07093

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

Name of Employer C. Steven Horn Law Offices Occupation Accountant

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1020200440C6815

Amount of Each Receipt this Period
1000.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Bernard Iacovangelo

Mailing Address 20 Autumn Wood

City State Zip Code
Rochester NY 14624

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

Name of Employer Occupation
Faber Homes Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200443C6844

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Peter Jackson

Mailing Address 370 East Lake Road

City State Zip Code
Penn Yan NY 14527

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
General 2004 Debt

50.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 4

Transaction ID: 51005.C7043

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Muhammed Javed

Mailing Address 1617 Gemini Dr

City State Zip Code
Olean NY 14760

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: 1015200435C6723

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Carol Jenkins

Mailing Address 125 Pulteney Street
P. O. Box 61

City State Zip Code
Hammondsport NY 14840

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

Name of Employer Occupation
Occupation/Office/Clerical/Sales

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 4

Transaction ID: 51005.C7040

Amount of Each Receipt this Period
25.00

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

B. Full Name (Last, First, Middle Initial)
Thomas F. Judson, Jr.

Mailing Address The Pike Co.
One Circle Street

City State Zip Code
Rochester NY 14607

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

Name of Employer Occupation
The Pike Company Chairman/CEO/Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 4

Transaction ID: 51005.C6982

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Jane Karlsten

Mailing Address 8781 State Route 36

City State Zip Code
Arkport NY 14807

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

Name of Employer Occupation
Silk Road Transport, Inc. CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 4

Transaction ID: 51005.C7078

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Lesa Kennedy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 2084 S Halifax Drive		Transaction ID: 1028200418C6946
City State Zip Code Daytona Beach FL 32118	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Intl Speedway Corporation	Occupation President	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Richard Komer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 6432 Lakeview Drive		Transaction ID: 1028200417C6919
City State Zip Code Falls Church VA 22041-1311	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Attorney at Law	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Cleo Kuhl		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4
Mailing Address 8641 Stone Road		Transaction ID: 1020200440C6805
City State Zip Code Prattsburg NY 14873	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Hammondsport CSD	Occupation Cafeteria worker	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	3075.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Cleo Kuhl

Mailing Address 8641 Stone Road

City State Zip Code
Prattsburg NY 14873

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

Name of Employer Occupation
Hammondsport CSD Cafeteria worker

Receipt For: 2004
 Primary General
 Other (specify) ▼
 General 2004 Debt

Election Cycle-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2004

Transaction ID: 51005.C7045

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Frederick Lang

Mailing Address 27 Main St

City State Zip Code
Hornell NY 14843

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

Name of Employer Occupation
Lang Agency, Inc. Owner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
334.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2004

Transaction ID: 1020200439C6761

Amount of Each Receipt this Period
117.00

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

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

Mailing Address 108 Lochmere Ct

City State Zip Code
Yorktown VA 23693

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

Name of Employer Occupation
GSH Real Estate Sales Vice President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2004

Transaction ID: 1022200443C6851

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **317.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Ronald Lundstrom

Mailing Address 2115 Taliesen Ln.

City State Zip Code
Rockford IL 61107

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

Name of Employer Occupation
Western NY/Penna RR, LLC Officers/Directors

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6833

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 200 Park Avenue

City State Zip Code
Rochester NY 14607

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200443C6848

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Salahuddin Malik

Mailing Address 8 Leeward Ln

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
Brockport State College Professor of History

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Transaction ID: 1030200455C6971

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 3012 Melvin Hill Rd

City State Zip Code
Geneva NY 14456

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

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200440C6802

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ted Marks

Mailing Address 34 N. Glenora Road

City State Zip Code
Dundee NY 14837

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

Name of Employer Atwater Estate Vineyards Occupation Proprietor

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200444C6860

Amount of Each Receipt this Period
175.00

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

C. Full Name (Last, First, Middle Initial)
James Marshall

Mailing Address 5843 Cr 11

City State Zip Code
Alpine NY 14805

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

Name of Employer Retired Occupation Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200417C6922

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Congressman Michael McCaul		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 1415 Westover Road		Transaction ID: 1029200416C6949
City Austin State TX Zip Code 78703	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer US Govt. Occupation Congressman	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bill McCollum		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address 600 Thistlewood Ct.		Transaction ID: 1029200416C6950
City Longwood State FL Zip Code 32779-3379	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Baker & Hostetler LLC Occupation Attorney at Law	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raymond McGrath		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 1714 Esquire Ln		Transaction ID: 1020200439C6754
City Mc Lean State VA Zip Code 22101	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Downey & McGrath Occupation Government Relations	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 129 W Erie St

City State Zip Code
Blauvelt NY 10913

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

Name of Employer Occupation
McLaughlin & Associates Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 4

Transaction ID: 1030200455C6969

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 4 Ricky Blvd.

City State Zip Code
Albany NY 12203

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

Name of Employer Occupation
Sen. John R. Kuhl Press Secretary

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200418C6928

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mila Meier

Mailing Address 855 College Ave.

City State Zip Code
Elmira NY 14901

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

Name of Employer Occupation
Self-Employed Clinical Psychologist

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200417C6915

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. David Metzner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 605 S Lee St		Transaction ID: 1020200439C6755	
City State Zip Code Alexandria VA 22314		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Continental Group	Occupation Government Relations		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Alvena Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4	
Mailing Address 2 Cohocton St P. O. Box 100		Transaction ID: 1021200430C6825	
City State Zip Code Atlanta NY 14808		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 150.00		

Full Name (Last, First, Middle Initial) C. Alvena Miller		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 4	
Mailing Address 2 Cohocton St P. O. Box 100		Transaction ID: 51005.C7015	
City State Zip Code Atlanta NY 14808		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Retired	Occupation Retired		
Receipt For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2004 Debt	Election Cycle-to-Date ▼ 75.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 28 Laight St., Apt #2A

City State Zip Code
New York NY 10013

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

Name of Employer Lord Abbott & Company Occupation Partner

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200417C6918

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mark Nachbar

Mailing Address 400 East 70th Street, #1702

City State Zip Code
New York NY 10021

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

Name of Employer New York State Occupation Senator

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 4

Transaction ID: 51005.C6977

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Nabil Nasr

Mailing Address 32 Thrush Field Way

City State Zip Code
Pittsford NY 14534

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

Name of Employer R.I.T. Occupation Assistant Provost

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1028200417C6910

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 84 Oak Hill Road

City State Zip Code
Horseheads NY 14845

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

Name of Employer Occupation
Self-Employed Attorney at Law

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6784

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Oneida Indian Nation

Mailing Address General Fund
Box 1, West Road

City State Zip Code
Oneida NY 13421

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

Name of Employer Occupation

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1027200424C6898

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Roy Park

Mailing Address One Hampton Hill Lane

City State Zip Code
Ithaca NY 14850-1081

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

Name of Employer Occupation
Park Outdoor Advertising of NY Ad Media Executive

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ General 2004 Debt 100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 4

Transaction ID: 51005.C7004

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► 2100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Louis Perlmutter

Mailing Address 30 Rockefeller Plaza
61st Floor

City State Zip Code
New York NY 10020

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

Name of Employer Occupation
Lazard Limited Managing Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6836

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Gene Pierce

Mailing Address 5435 Route 14

City State Zip Code
Dundee NY 14837

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

Name of Employer Occupation
Owner/Administrator Glenora Wine Cellars

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 4

Transaction ID: 1025200437C6884

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ira Pittelman

Mailing Address 1385 York Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Glenwood Executive Vice President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1025200437C6891

Amount of Each Receipt this Period
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 1741 Crestwood Road

City Elmira State NY Zip Code 14905

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

Name of Employer Elcor Health Services, Inc. Occupation Executive Director

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2004

Transaction ID: 1015200435C6725

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mary Potter

Mailing Address 3123 W Five Mile Rd

City Allegany State NY Zip Code 14706

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

Name of Employer Homemaker Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2004

Transaction ID: 1025200437C6877

Amount of Each Receipt this Period
150.00

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

C. Full Name (Last, First, Middle Initial)
Timothy Regan

Mailing Address 7505 South Valley Drive

City Fairfax Station State VA Zip Code 22039

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

Name of Employer Corning Incorporated Occupation SVP

Receipt For: 2004
 Primary General
 Other (specify) ▼ General 2004 Debt

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2004

Transaction ID: 51005.C7061

Amount of Each Receipt this Period
250.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Paul Regan, Jr.

Mailing Address P.O. Box 120

City State Zip Code
Wellesley Island NY 13640

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

Name of Employer Occupation
Corning Incorporated Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 4

Transaction ID: 1029200416C6959

Amount of Each Receipt this Period
250.00

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

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

Mailing Address P. O. Box 347

City State Zip Code
Old Greenwich CT 06870

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

Name of Employer Occupation
Retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200430C6834

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert Rockwell

Mailing Address 30 West Third Street

City State Zip Code
Corning NY 14830

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

Name of Employer Occupation
Retired Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 4

Transaction ID: 1020200439C6735

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 113 Oakdale Dr.

City Elmira State NY Zip Code 14905-2015

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200417C6916

Amount of Each Receipt this Period
 2000.00

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

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

Mailing Address 19 Denonville Ridge

City Rochester State NY Zip Code 14625-1611

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

Name of Employer NYS Dept. of Labor Occupation Chairman, UIAB

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 4

Transaction ID: 1015200435C6718

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Maurina Ruggiero

Mailing Address 140 Talarico Rd.

City Horseheads State NY Zip Code 14845

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

Name of Employer Taninos Ristorante Italiano Occupation Operator

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200417C6921

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Richard Sands		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address c/o Constellation Brands 300 Willowbrook Office Park		Transaction ID: 1027200424C6900
City Fairport State NY Zip Code 14450-4222	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Constellation Brands, Inc. Occupation President	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

B. Full Name (Last, First, Middle Initial) Robert Sands		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 4
Mailing Address 4000 East Ave		Transaction ID: 1027200424C6901
City Rochester State NY Zip Code 14618	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Constellation Brands, Inc. Occupation Vice President	Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4000.00		

C. Full Name (Last, First, Middle Initial) Patricia Santulli		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4
Mailing Address 1528 West Water Street		Transaction ID: 1028200417C6914
City Elmira State NY Zip Code 14905	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Elmira Psychiatric Center Occupation Admin. Assistant	Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1450.00		

SUBTOTAL of Receipts This Page (optional)	4250.00
TOTAL This Period (last page this line number only)	_____

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
E. Phillip Saunders

Mailing Address 760 Brooks Avenue

City State Zip Code
Rochester NY 14619

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

Name of Employer Occupation
Griffith Energy Owner

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 4

Transaction ID: 1024200447C6867

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address PO Box 494

City State Zip Code
Hammondsport NY 14840

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

Name of Employer Occupation
SCIDA Executive Director

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

850.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: 1015200435C6726

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Shannon Simpson

Mailing Address 1111 West St.

City State Zip Code
Genoa OH 43430

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

Name of Employer Occupation
Info Requested Info Requested

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
General 2004 Debt

25.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 4

Transaction ID: 51005.C7031

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ► **1275.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 10770 Hidden Meadow Trail

City State Zip Code
Corning NY 14830-9494

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1021200429C6819

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Shawn Smeallie

Mailing Address 1310 Bishop Lane

City State Zip Code
Alexandria VA 22302

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

Name of Employer American Continental Group Occupation Government Relations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 4

Transaction ID: 1020200439C6753

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Garold Smith

Mailing Address 106 May St

City State Zip Code
Bath NY 14810

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

Name of Employer Owner Occupation Smith Auto Body, Inc.

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 4

Transaction ID: 51005.C7033

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 285 Lido Blvd.

City State Zip Code
Long Beach NY 11561

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

Name of Employer Occupation
Self-Employed Attorney at Law

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 4

Transaction ID: 1020200440C6814

Amount of Each Receipt this Period
2000.00

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

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

Mailing Address 15 Langley Rise

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
Morgan Stanley Sr. Vice President

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1028200417C6909

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Deborah Stendardi

Mailing Address 32 Northfield Gate

City State Zip Code
Pittsford NY 14534-2992

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

Name of Employer Occupation
R.I.T. VP, Govt & Comnty. Relations

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1027200424C6905

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 2 Hill Vale Drive

City State Zip Code
Horseheads NY 14845

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

Name of Employer Self-Employed Occupation
Farmer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2004

Transaction ID: 1021200430C6827

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 2 Hill Vale Drive

City State Zip Code
Horseheads NY 14845

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

Name of Employer Self-Employed Occupation
Farmer

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ General 2004 Debt 50.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2004

Transaction ID: 51005.C7006

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Harry Suits

Mailing Address 5465 Peach Orchard Point Road

City State Zip Code
Hector NY 14841

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

Name of Employer Retired Occupation
Retired

Receipt For: 2004 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2004

Transaction ID: 1015200435C6727

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Judith Sullivan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4	
Mailing Address 11 Eklof Ct		Transaction ID: 1028200417C6917	
City Croton On Hudson	State NY	Zip Code 10520	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Jean Teets		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4	
Mailing Address 96 Avery Road		Transaction ID: 1020200439C6752	
City Lyons	State NY	Zip Code 14489	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Geneva Grahite	Occupation Part-Owner		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Bradley Thomas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 4	
Mailing Address 141A East Lake Rd		Transaction ID: 1024200448C6872	
City Penn Yan	State NY	Zip Code 14527	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer First Transit, Inc.	Occupation Vice President		
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Gray Thoron

Mailing Address 325 Savage Farm Dr.

City Ithaca State NY Zip Code 14850

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200443C6856

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 116 Kennedy Drive

City Horseheads State NY Zip Code 14845

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

Name of Employer Hardinge, Inc. Occupation Director Corporate Accounting

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 0 4

Transaction ID: 1022200444C6861

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Robert Turissini

Mailing Address 13451 State Route 54

City Hammondsport State NY Zip Code 14840

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 4

Transaction ID: 1028200418C6937

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) John Tusch Mailing Address 2544 Havens Corners Road City State Zip Code Penn Yan NY 14527 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 4 Transaction ID: 1020200440C6803 Amount of Each Receipt this Period 25.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 225.00		

B. Full Name (Last, First, Middle Initial) John Tusch Mailing Address 2544 Havens Corners Road City State Zip Code Penn Yan NY 14527 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 4 Transaction ID: 51005.C7022 Amount of Each Receipt this Period 30.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Occupation Retired Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General 2004 Debt 30.00		

C. Full Name (Last, First, Middle Initial) Jan Updegraff Mailing Address 158 Coleman Avenue City State Zip Code Elmira NY 14905 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 4 Transaction ID: 1028200417C6920 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Chemung Canal Trust Company Occupation CEO Receipt For: 2004 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1055.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
A. Scott Welliver

Mailing Address 5245 Norbud Rd
PO Box 234

City State Zip Code
Hector NY 14841

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

Name of Employer Wellco, Inc. Occupation President

Receipt For: 2004
 Primary General
 Other (specify) ▼
General 2004 Debt

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 4

Transaction ID: 51005.C6999

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 252 Main Street

City State Zip Code
Hornell NY 14843

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

Name of Employer Self-Employed Occupation Optometrist

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 0 4

Transaction ID: 1020200439C6796

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 164 N. Main Street
P.O. Box 663

City State Zip Code
Wellsville NY 14895

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

Name of Employer L. C. Whitford Company Occupation CEO

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 4

Transaction ID: 1015200435C6711

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

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

Mailing Address 164 N. Main Street
P.O. Box 663

City Wellsville State NY Zip Code 14895

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

Name of Employer L. C. Whitford Company Occupation CEO

Receipt For: 2004
 Primary General
 Other (specify) General 2004 Debt

Election Cycle-to-Date 50.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2004

Transaction ID: 51005.C7050

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
Lynn Williams

Mailing Address 444 State Route 245
P.O. Box 635

City Rushville State NY Zip Code 14544

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

Name of Employer Brighton Central School Occupation Teacher

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 450.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2004

Transaction ID: 1022200444C6862

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Arthur Wolcott

Mailing Address 1690 Harbor Sound Dr.

City Longboat Key State FL Zip Code 34228-3542

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

Name of Employer Retired Occupation Retired

Receipt For: 2004
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2004

Transaction ID: 1020200439C6774

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) **1300.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 79 / 119	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Brett Yormark

Mailing Address 9 Apple Lane

City State Zip Code
Wayne NJ 07470

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

Name of Employer Occupation
Intl Speedway Corporation Corporate Executive

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	4

Transaction ID: 1028200418C6943

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	79672.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 119
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial)
Ontario County Republican Committee

Mailing Address 4161 E. Lake Road

City State Zip Code
Canandaigua NY 14424

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

Name of Employer Occupation

Receipt For: 2004
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 4

Transaction ID: 1028200417C6913

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Pioneer PAC		Transaction ID: 1029200416C6967IK Date of Disbursement 10 / 29 / 2004	
Mailing Address 412 First St., S.E., Suite 100		Amount of Each Disbursement this Period 3736.08	
City Washington State DC Zip Code 20003-	Purpose of Disbursement POSTAGE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ IN KIND: POSTAGE	

Full Name (Last, First, Middle Initial) B. Laura Allen		Transaction ID: 70709.E2266 Date of Disbursement 10 / 15 / 2004	
Mailing Address 84 South Street		Amount of Each Disbursement this Period 731.73	
City Addison State NY Zip Code 14801-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL	

Full Name (Last, First, Middle Initial) C. Laura Allen		Transaction ID: 51130.E484 Date of Disbursement 10 / 24 / 2004	
Mailing Address 84 South Street		Amount of Each Disbursement this Period 731.74	
City Addison State NY Zip Code 14801-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	5199.55
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Laura Allen		Transaction ID: 51130.E491 Date of Disbursement 11 / 12 / 2004
Mailing Address 84 South Street		Amount of Each Disbursement this Period 731.73
City Addison State NY Zip Code 14801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Laura Allen		Transaction ID: 51130.E497 Date of Disbursement 11 / 21 / 2004
Mailing Address 84 South Street		Amount of Each Disbursement this Period 731.73
City Addison State NY Zip Code 14801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Aristotle International, Inc.		Transaction ID: 51130.E389 Date of Disbursement 10 / 23 / 2004
Mailing Address 205 Pennsylvania Ave., SE		Amount of Each Disbursement this Period 99.75
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD SERVICE FEES	Category/ Type	CREDIT CARD SERVICE FEES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1563.21
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. AT & T Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001309 City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement OFFICE PHONE SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51130.E415 Date of Disbursement 11 / 09 / 2004 Amount of Each Disbursement this Period 455.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE PHONE SERVICE
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B. AT & T Wireless Full Name (Last, First, Middle Initial) Mailing Address PO Box 8229 City Aurora State IL Zip Code 60572-8229 Purpose of Disbursement BLACKBERRY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51130.E416 Date of Disbursement 11 / 09 / 2004 Amount of Each Disbursement this Period 106.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BLACKBERRY
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C. Bank of America Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1516 City Newark State NJ Zip Code 07101- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51130.E463 Date of Disbursement 10 / 18 / 2004 Amount of Each Disbursement this Period 1582.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW
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SUBTOTAL of Disbursements This Page (optional) ▶	2144.68
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Hammondsport Kwik Fill		Transaction ID: 51208.E807 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 8280 St. Rte. 54		Amount of Each Disbursement this Period 150.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hammondsport State NY Zip Code 14840-	[MEMO ITEM] MEMO: TRAVEL	
Purpose of Disbursement TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hammondsport Kwik Fill		Transaction ID: 51208.E785 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 8280 St. Rte. 54		Amount of Each Disbursement this Period 172.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hammondsport State NY Zip Code 14840-	[MEMO ITEM] MEMO: TRAVEL	
Purpose of Disbursement TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kwik Fill 034		Transaction ID: 51208.E792 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 7219 State Route 54		Amount of Each Disbursement this Period 106.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	[MEMO ITEM] MEMO: TRAVEL	
Purpose of Disbursement TRAVEL Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Kwik Fill 034		Transaction ID: 51208.E798 Date of Disbursement 10 / 18 / 2004	
Mailing Address 7219 State Route 54		Amount of Each Disbursement this Period 135.26	
City Bath State NY Zip Code 14810-	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL	

Full Name (Last, First, Middle Initial) B. ONSTAR Subscription		Transaction ID: 51208.E790 Date of Disbursement 10 / 18 / 2004	
Mailing Address 400 Renaissance Center		Amount of Each Disbursement this Period 48.39	
City Detroit State MI Zip Code 48265-	Purpose of Disbursement TRAVEL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TRAVEL	

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: 51208.E813 Date of Disbursement 10 / 18 / 2004	
Mailing Address 101 Liberty Street		Amount of Each Disbursement this Period 13.65	
City Bath State NY Zip Code 14810-	Purpose of Disbursement POSTAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: 51130.E391 Date of Disbursement 10 / 21 / 2004
Mailing Address P.O. Box 1516		Amount of Each Disbursement this Period 661.74
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Candidate Name	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: 51208.E778 Date of Disbursement 10 / 21 / 2004
Mailing Address P.O. Box 1516		Amount of Each Disbursement this Period 39.00
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEES	Candidate Name	[MEMO ITEM] MEMO: BANK FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: 51208.E781 Date of Disbursement 10 / 21 / 2004
Mailing Address P.O. Box 1516		Amount of Each Disbursement this Period 112.00
City Newark State NJ Zip Code 07101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FINANCE CHARGES	Candidate Name	[MEMO ITEM] MEMO: FINANCE CHARGES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	661.74
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Hammondsport Kwik Fill		Transaction ID: 51208.E772 Date of Disbursement 10 / 21 / 2004
Mailing Address 8280 St. Rte. 54		Amount of Each Disbursement this Period 107.35
City Hammondsport State NY Zip Code 14840-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kwik Fill 034		Transaction ID: 51208.E773 Date of Disbursement 10 / 21 / 2004
Mailing Address 7219 State Route 54		Amount of Each Disbursement this Period 123.73
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chase Platinum Mastercard		Transaction ID: 51130.E464 Date of Disbursement 10 / 18 / 2004
Mailing Address PO Box 15658		Amount of Each Disbursement this Period 111.70
City Wilmington State DE Zip Code 19886-5658	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW Candidate Name	Category/Type	SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	111.70
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Hammondsport Kwik Fill		Transaction ID: 51130.E466 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 8280 St. Rte. 54		Amount of Each Disbursement this Period 28.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hammondsport State NY Zip Code 14840-		
Purpose of Disbursement TRAVEL Candidate Name	Category/Type	[MEMO ITEM] MEMO: TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citibank		Transaction ID: 51130.E417 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address PO Box 8118		Amount of Each Disbursement this Period 103.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Hackensack State NJ Zip Code 07606-		
Purpose of Disbursement NO ITEMIZATION REQUIRED Candidate Name	Category/Type	NO ITEMIZATION REQUIRED
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Citibank		Transaction ID: 51130.E385 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address PO Box 8118		Amount of Each Disbursement this Period 59.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City South Hackensack State NJ Zip Code 07606-		
Purpose of Disbursement NO ITEMIZATION REQUIRED Candidate Name	Category/Type	NO ITEMIZATION REQUIRED
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	162.66
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Citibank		Transaction ID: 51130.E453 Date of Disbursement 11 / 09 / 2004
Mailing Address PO Box 8118		Amount of Each Disbursement this Period 184.91
City South Hackensack State NJ Zip Code 07606-	Purpose of Disbursement NO ITEMIZATION REQUIRED Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NO ITEMIZATION REQUIRED

Full Name (Last, First, Middle Initial) B. Citibank		Transaction ID: 51130.E425 Date of Disbursement 11 / 10 / 2004
Mailing Address PO Box 8118		Amount of Each Disbursement this Period 208.46
City South Hackensack State NJ Zip Code 07606-	Purpose of Disbursement NO ITEMIZATION REQUIRED Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NO ITEMIZATION REQUIRED

Full Name (Last, First, Middle Initial) C. Citibank		Transaction ID: 51130.E432 Date of Disbursement 11 / 17 / 2004
Mailing Address PO Box 8118		Amount of Each Disbursement this Period 30.00
City South Hackensack State NJ Zip Code 07606-	Purpose of Disbursement NO ITEMIZATION REQUIRED Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NO ITEMIZATION REQUIRED

SUBTOTAL of Disbursements This Page (optional) ▶	423.37
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Citibank		Transaction ID: 51130.E434 Date of Disbursement 11 / 17 / 2004	
Mailing Address PO Box 8118		Amount of Each Disbursement this Period 180.11	
City South Hackensack State NJ Zip Code 07606-	Purpose of Disbursement NO ITEMIZATION REQUIRED	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NO ITEMIZATION REQUIRED	

Full Name (Last, First, Middle Initial) B. Kevin Collins		Transaction ID: 51130.E421 Date of Disbursement 11 / 09 / 2004	
Mailing Address 29 Hartford Street		Amount of Each Disbursement this Period 500.00	
City Staten Island State NY Zip Code 10308-	Purpose of Disbursement RESEARCH	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RESEARCH	

Full Name (Last, First, Middle Initial) C. G.M.A.C.		Transaction ID: 51130.E395 Date of Disbursement 10 / 30 / 2004	
Mailing Address PO Box 830069		Amount of Each Disbursement this Period 51.40	
City Baltimore State MD Zip Code 21283-0069	Purpose of Disbursement CAR LEASE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAR LEASE	

SUBTOTAL of Disbursements This Page (optional) ▶	731.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. G.M.A.C.		Transaction ID: 51130.E394 Date of Disbursement 10 / 30 / 2004	
Mailing Address PO Box 830069		Amount of Each Disbursement this Period 1028.19	
City Baltimore State MD Zip Code 21283-0069	Purpose of Disbursement CAR LEASE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAR LEASE	

Full Name (Last, First, Middle Initial) B. Kirk Gregg		Transaction ID: 1029200416C6948IK Date of Disbursement 10 / 28 / 2004	
Mailing Address 2119 Spencer Hill Road		Amount of Each Disbursement this Period 1000.00	
City Corning State NY Zip Code 14830-	Purpose of Disbursement SITE RENTAL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	IN KIND: SITE RENTAL	

Full Name (Last, First, Middle Initial) C. Sharon Gunsolus		Transaction ID: 70709.E2265 Date of Disbursement 10 / 15 / 2004	
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 711.57	
City Bath State NY Zip Code 14810-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	2739.76
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sharon Gunsolus		Transaction ID: 51130.E483 Date of Disbursement 10 / 24 / 2004
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 711.58
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Sharon Gunsolus		Transaction ID: 51130.E402 Date of Disbursement 11 / 09 / 2004
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 131.73
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW	Category/Type	SEE BELOW
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 51130.E404 Date of Disbursement 11 / 09 / 2004
Mailing Address 821 County Route 64		Amount of Each Disbursement this Period 84.44
City Big Flats State NY Zip Code 14814-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	843.31
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sharon Gunsolus		Transaction ID: 51130.E490 Date of Disbursement 11 / 12 / 2004
Mailing Address 26 Pine St		Amount of Each Disbursement this Period 474.19
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Category/ Type	PAYROLL
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Hammond & Associates		Transaction ID: 51130.E475 Date of Disbursement 11 / 19 / 2004
Mailing Address 801 N. Pitt Street, Suite 120 P. O. Box 16021		Amount of Each Disbursement this Period 1663.35
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING FEE	Category/ Type	FUNDRAISING CONSULTING FEE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. James Hancock		Transaction ID: 51005.E148 Date of Disbursement 11 / 09 / 2004
Mailing Address 10 Gansevoort Street		Amount of Each Disbursement this Period 200.00
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE RENT	Category/ Type	OFFICE RENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	2337.54
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Megan Johnson		Transaction ID: 70709.E2267 Date of Disbursement 10 / 15 / 2004
Mailing Address 11 Charlesworth Avenue		Amount of Each Disbursement this Period 199.64
City Avoca State NY Zip Code 14809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Megan Johnson		Transaction ID: 51130.E485 Date of Disbursement 10 / 24 / 2004
Mailing Address 11 Charlesworth Avenue		Amount of Each Disbursement this Period 199.63
City Avoca State NY Zip Code 14809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Megan Johnson		Transaction ID: 51130.E492 Date of Disbursement 11 / 12 / 2004
Mailing Address 11 Charlesworth Avenue		Amount of Each Disbursement this Period 161.94
City Avoca State NY Zip Code 14809-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL		PAYROLL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	561.21
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Kathleen Knopf		Transaction ID: 70709.E2269 Date of Disbursement 10 / 15 / 2004	
Mailing Address 5783 Cty Rte 21		Amount of Each Disbursement this Period 633.20	
City Addison State NY Zip Code 14801-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) B. Kathleen Knopf		Transaction ID: 51130.E487 Date of Disbursement 10 / 24 / 2004	
Mailing Address 5783 Cty Rte 21		Amount of Each Disbursement this Period 633.20	
City Addison State NY Zip Code 14801-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) C. Kathleen Knopf		Transaction ID: 51130.E494 Date of Disbursement 11 / 12 / 2004	
Mailing Address 5783 Cty Rte 21		Amount of Each Disbursement this Period 633.20	
City Addison State NY Zip Code 14801-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	1899.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) John Kuhl		Transaction ID: 51130.E469 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 4
Mailing Address 12262 West Lake Road		Amount of Each Disbursement this Period 31.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMB. FOR TRAVEL
City Hammondspport State NY Zip Code 14840-		
Purpose of Disbursement REIMB. FOR TRAVEL Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Livonia, Avon & Lakeville RR		Transaction ID: 51130.E414 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 5769 Sweeteners Blvd. P.O. Box 190-B		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EQUIPMENT RENTAL
City Lakeville State NY Zip Code 14480-		
Purpose of Disbursement EQUIPMENT RENTAL Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) McLaughlin and Associates		Transaction ID: 51130.E439 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 4
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 94094.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDIA BUY
City Blauvelt State NY Zip Code 10913-		
Purpose of Disbursement MEDIA BUY Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	94625.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. McLaughlin and Associates		Transaction ID: 51130.E444 Date of Disbursement 10 / 20 / 2004	
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 107000.00	
City Blauvelt State NY Zip Code 10913-	Purpose of Disbursement MEDIA BUY Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		MEDIA BUY

Full Name (Last, First, Middle Initial) B. McLaughlin and Associates		Transaction ID: 51130.E445 Date of Disbursement 10 / 21 / 2004	
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 10000.00	
City Blauvelt State NY Zip Code 10913-	Purpose of Disbursement MEDIA BUY Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		MEDIA BUY

Full Name (Last, First, Middle Initial) C. McLaughlin and Associates		Transaction ID: 51130.E446 Date of Disbursement 10 / 22 / 2004	
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 4448.00	
City Blauvelt State NY Zip Code 10913-	Purpose of Disbursement MEDIA BUY Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		MEDIA BUY

SUBTOTAL of Disbursements This Page (optional) ▶	121448.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. McLaughlin and Associates		Transaction ID: 51130.E447 Date of Disbursement 10 / 25 / 2004
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 5000.00
City Blauvelt State NY Zip Code 10913-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY	Candidate Name	MEDIA BUY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McLaughlin and Associates		Transaction ID: 51130.E448 Date of Disbursement 10 / 27 / 2004
Mailing Address 566 S. Rte. 303		Amount of Each Disbursement this Period 12155.00
City Blauvelt State NY Zip Code 10913-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEDIA BUY	Candidate Name	MEDIA BUY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Multi Media Services		Transaction ID: 51130.E476 Date of Disbursement 11 / 19 / 2004
Mailing Address 11136-40 River Road		Amount of Each Disbursement this Period 1757.42
City Corning State NY Zip Code 14830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LETTERHEAD ENVELOPES HANDOUT CARD	Candidate Name	LETTERHEAD ENVELOPES HAND-OUT CARD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	18912.42
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. NYS Employment Tax		Transaction ID: 51208.E827 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 4
Mailing Address WA Harriman State Campus, Bldg 12		Amount of Each Disbursement this Period 1273.20
City Albany State NY Zip Code 12240-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EMPLOYMENT TAX	Candidate Name	EMPLOYMENT TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NYS Income Tax		Transaction ID: 51208.E826 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 4
Mailing Address State Processing Center P.O. Box 61000		Amount of Each Disbursement this Period 767.19
City Albany State NY Zip Code 12261-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NYS TAXES	Candidate Name	NYS TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shirley Pack		Transaction ID: 51005.E151 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 6164 Unionville Road		Amount of Each Disbursement this Period 15.00
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE CLEANING	Candidate Name	OFFICE CLEANING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2055.39
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 119

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Shirley Pack		Transaction ID: 51005.E150 Date of Disbursement 11 / 09 / 2004
Mailing Address 6164 Unionville Road		Amount of Each Disbursement this Period 15.00
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE CLEANING	Candidate Name	OFFICE CLEANING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Shirley Pack		Transaction ID: 51005.E149 Date of Disbursement 11 / 09 / 2004
Mailing Address 6164 Unionville Road		Amount of Each Disbursement this Period 15.00
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE CLEANING	Candidate Name	OFFICE CLEANING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Phoenix Graphics		Transaction ID: 51130.E423 Date of Disbursement 11 / 09 / 2004
Mailing Address 464-470 State Street		Amount of Each Disbursement this Period 2075.15
City Rochester State NY Zip Code 14608-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BROCHURES	Candidate Name	BROCHURES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2105.15
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 101 Liberty Street City Bath State NY Zip Code 14810- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51130.E390 Date of Disbursement 10 / 14 / 2004 Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
--	--	--

B. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 101 Liberty Street City Bath State NY Zip Code 14810- Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51130.E443 Date of Disbursement 10 / 18 / 2004 Amount of Each Disbursement this Period 163.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
--	--	--

C. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 101 Liberty Street City Bath State NY Zip Code 14810- Purpose of Disbursement BOX RENT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 51130.E431 Date of Disbursement 11 / 15 / 2004 Amount of Each Disbursement this Period 90.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BOX RENT
---	--	--

SUBTOTAL of Disbursements This Page (optional) ▶	623.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Rafis International Suisine		Transaction ID: 51130.E419 Date of Disbursement 11 / 09 / 2004
Mailing Address and Catering Service 210 North Barry Street		Amount of Each Disbursement this Period 866.00
City Olean	State NY	
Zip Code 14760-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CATERING		
Candidate Name		Category/ Type CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Rochester Riverside Convention Center		Transaction ID: 51130.E422 Date of Disbursement 11 / 09 / 2004
Mailing Address 123 East Main Street		Amount of Each Disbursement this Period 889.44
City Rochester	State NY	
Zip Code 14604-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement EVENT CATERING		
Candidate Name		Category/ Type EVENT CATERING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Sams Club		Transaction ID: 51130.E410 Date of Disbursement 11 / 09 / 2004
Mailing Address Consumer Square		Amount of Each Disbursement this Period 148.63
City Big Flats	State NY	
Zip Code 14814-		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		Category/ Type OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1904.07
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sams Club		Transaction ID: 51130.E401 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address Consumer Square		Amount of Each Disbursement this Period 23.83
City Big Flats State NY Zip Code 14814-	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Sears Credit Card		Transaction ID: 51130.E411 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address PO Box 182156		Amount of Each Disbursement this Period 335.50
City Columbus State OH Zip Code 43218-2156	Purpose of Disbursement SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: 51130.E412 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 821 County Route 64		Amount of Each Disbursement this Period 335.50
City Big Flats State NY Zip Code 14814-	Purpose of Disbursement OFFICE FURNITURE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE FURNITURE

SUBTOTAL of Disbursements This Page (optional) ▶	359.33
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Sears Credit Card		Transaction ID: 51130.E408 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address PO Box 182156		Amount of Each Disbursement this Period 550.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43218-2156	SEE BELOW	
Purpose of Disbursement SEE BELOW Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: 51130.E409 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 4
Mailing Address 821 County Route 64		Amount of Each Disbursement this Period 550.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Big Flats State NY Zip Code 14814-	[MEMO ITEM] MEMO: OFFICE SUPPLIES	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Service Master		Transaction ID: 51130.E396 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address 3250 Lacey Road, Suite 600		Amount of Each Disbursement this Period 834.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Downers Grove State IL Zip Code 60515-	TRAVEL-AIRFARE	
Purpose of Disbursement TRAVEL-AIRFARE Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1384.22
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Staffing & Payroll Solutions		Transaction ID: 51130.E499 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 4
Mailing Address 6550 Hughes Road		Amount of Each Disbursement this Period 1575.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canisteo State NY Zip Code 14823-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. Staffing & Payroll Solutions		Transaction ID: 51130.E500 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 4
Mailing Address 6550 Hughes Road		Amount of Each Disbursement this Period 182.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canisteo State NY Zip Code 14823-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. Staffing & Payroll Solutions		Transaction ID: 51130.E501 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 4
Mailing Address 6550 Hughes Road		Amount of Each Disbursement this Period 1575.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canisteo State NY Zip Code 14823-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	3333.89
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Staffing & Payroll Solutions		Transaction ID: 51130.E539 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 4
Mailing Address 6550 Hughes Road		Amount of Each Disbursement this Period 1274.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canisteo State NY Zip Code 14823-	PAYROLL TAXES	
Purpose of Disbursement PAYROLL TAXES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steuben Courier Advocate		Transaction ID: 51130.E449 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 4
Mailing Address 10 West Steuben Street		Amount of Each Disbursement this Period 1729.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	POLITICAL ADS	
Purpose of Disbursement POLITICAL ADS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Targeted Creative Communications, Inc.		Transaction ID: 51130.E393 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 4
Mailing Address 106 S. Columbus Street		Amount of Each Disbursement this Period 26890.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	POLITICAL MAIL PIECE	
Purpose of Disbursement POLITICAL MAIL PIECE		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	29894.35
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Keilee Trainor		Transaction ID: 70709.E2264 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 4	
Mailing Address 45 Swan Ln		Amount of Each Disbursement this Period 757.52	
City Painted Post State NY Zip Code 14870-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

B. Full Name (Last, First, Middle Initial) Keilee Trainor		Transaction ID: 51130.E482 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 4	
Mailing Address 45 Swan Ln		Amount of Each Disbursement this Period 757.51	
City Painted Post State NY Zip Code 14870-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

C. Full Name (Last, First, Middle Initial) Keilee Trainor		Transaction ID: 51130.E489 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 4	
Mailing Address 45 Swan Ln		Amount of Each Disbursement this Period 757.51	
City Painted Post State NY Zip Code 14870-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ► **2272.54**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

<p>A. Keilee Trainor</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 45 Swan Ln</p> <p>City Painted Post State NY Zip Code 14870-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 51130.E496</p> <p>Date of Disbursement</p> <p>11 / 21 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>885.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Ira Treuhft</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 212 Manor Village</p> <p>City Bath State NY Zip Code 14810-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 70709.E2270</p> <p>Date of Disbursement</p> <p>10 / 15 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>1143.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Ira Treuhft</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 212 Manor Village</p> <p>City Bath State NY Zip Code 14810-</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 51130.E488</p> <p>Date of Disbursement</p> <p>10 / 24 / 2004</p> <p>Amount of Each Disbursement this Period</p> <p>1143.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3172.65</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Ira Treuhaft		Transaction ID: 51130.E471 Date of Disbursement 11 / 04 / 2004
Mailing Address 212 Manor Village		Amount of Each Disbursement this Period 497.76
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ADVERTISING	Candidate Name	ADVERTISING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ira Treuhaft		Transaction ID: 51130.E495 Date of Disbursement 11 / 12 / 2004
Mailing Address 212 Manor Village		Amount of Each Disbursement this Period 778.77
City Bath State NY Zip Code 14810-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Faylyn VanZile		Transaction ID: 70709.E2268 Date of Disbursement 10 / 15 / 2004
Mailing Address 2798 Lyon Rd		Amount of Each Disbursement this Period 711.58
City Woodhull State NY Zip Code 14898-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1988.11
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Faylyn VanZile		Transaction ID: 51130.E486 Date of Disbursement 10 / 24 / 2004	
Mailing Address 2798 Lyon Rd		Amount of Each Disbursement this Period 711.57	
City Woodhull State NY Zip Code 14898-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) B. Faylyn VanZile		Transaction ID: 51130.E493 Date of Disbursement 11 / 12 / 2004	
Mailing Address 2798 Lyon Rd		Amount of Each Disbursement this Period 711.57	
City Woodhull State NY Zip Code 14898-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) C. Faylyn VanZile		Transaction ID: 51130.E430 Date of Disbursement 11 / 15 / 2004	
Mailing Address 2798 Lyon Rd		Amount of Each Disbursement this Period 37.50	
City Woodhull State NY Zip Code 14898-	Purpose of Disbursement MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type MILEAGE	

SUBTOTAL of Disbursements This Page (optional) ▶	1460.64
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Faylyn VanZile		Transaction ID: 51130.E498 Date of Disbursement 11 / 21 / 2004
Mailing Address 2798 Lyon Rd		Amount of Each Disbursement this Period 711.58
City Woodhull State NY Zip Code 14898-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 51130.E382 Date of Disbursement 11 / 09 / 2004
Mailing Address P. O. Box 15124		Amount of Each Disbursement this Period 43.59
City Albany State NY Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FAX AND DSL LINE	Candidate Name	FAX AND DSL LINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 51130.E383 Date of Disbursement 11 / 09 / 2004
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 216.96
City Newark State NJ Zip Code 07101-0489	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MOBILE PHONE SERVICES	Candidate Name	MOBILE PHONE SERVICES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	972.13
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 51130.E438 Date of Disbursement 11 / 15 / 2004
Mailing Address PO Box 15062		Amount of Each Disbursement this Period 240.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12212-5108	Category/Type	
Purpose of Disbursement MOBILE PHONE Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ MOBILE PHONE

Full Name (Last, First, Middle Initial) B. Western New York and Pennsylvania RR LLC		Transaction ID: 51130.E413 Date of Disbursement 11 / 09 / 2004
Mailing Address 69 South Down Street		Amount of Each Disbursement this Period 2414.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Falconer State NY Zip Code 14733-	Category/Type	
Purpose of Disbursement TRAVEL Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ TRAVEL

Full Name (Last, First, Middle Initial) C. Jack M. Williams		Transaction ID: 51130.E442 Date of Disbursement 10 / 15 / 2004
Mailing Address P. O. Box 85		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	Category/Type	
Purpose of Disbursement POLITICAL CONSULTING Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ POLITICAL CONSULTING

SUBTOTAL of Disbursements This Page (optional) ▶	7654.49
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Kuhl for Congress

A. Full Name (Last, First, Middle Initial) Jack M. Williams		Transaction ID: 51130.E397 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 4
Mailing Address P. O. Box 85		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	POLITICAL CONSULTING	
Purpose of Disbursement POLITICAL CONSULTING	Candidate Name	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Jack M. Williams		Transaction ID: 51130.E452 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 4
Mailing Address P. O. Box 85		Amount of Each Disbursement this Period 2655.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	TRAVEL	
Purpose of Disbursement TRAVEL	Candidate Name	TRAVEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Jack M. Williams		Transaction ID: 51130.E429 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 4
Mailing Address P. O. Box 85		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bath State NY Zip Code 14810-	POLITICAL CONSULTING	
Purpose of Disbursement POLITICAL CONSULTING	Candidate Name	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	10155.15
TOTAL This Period (last page this line number only) ▶	323701.67

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 114 / 119
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Kuhl for Congress

Transaction ID: LS0903200419C6263

LOAN SOURCE Full Name (Last, First, Middle Initial) John R. Kuhl, Jr.	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12262 W. Lake Rd	
City Hammondsport State NY ZIP Code 14840-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 09 D D 04 Y Y Y Y 2004	19930712	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	8000.00
TOTALS This Period (last page in this line only)	8000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

(Use separate schedule(s) for each numbered line)	PAGE 115 / 119
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Kuhl for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor John R. Kuhl, Jr.	Nature of Debt (Purpose): Reimb. for Travel
Mailing Address 12262 West Lake Road	
City State ZIP Code Hammondsport NY 14840-	

Outstanding Balance Beginning This Period 31.00	Transaction ID: 4LS51130.E469	
Amount Incurred This Period 0.00	Payment This Period 31.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hammond & Associates	Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 801 N. Pitt Street, Suite 120 P. O. Box 16021	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period 1663.35	Transaction ID: 19LS51011.E319	
Amount Incurred This Period 39347.10	Payment This Period 1663.35	Outstanding Balance at Close of This Period 39347.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advantage, Inc.	Nature of Debt (Purpose): Mail/Telemarketing
Mailing Address 1611 N. Kent Street, Suite 905	
City State ZIP Code Arlington VA 22209-	

Outstanding Balance Beginning This Period 21715.04	Transaction ID: 16LS51011.E312	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 21715.04

1) SUBTOTALS This Period This Page (optional).....	▶	61062.14
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Kuhl for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Multi Media Services	Nature of Debt (Purpose): Letterhead
Mailing Address 11136-40 River Road	
City State ZIP Code Corning NY 14830-	

Outstanding Balance Beginning This Period 480.00	Transaction ID: 2LS51130.E476	
Amount Incurred This Period 9450.42	Payment This Period 1757.42	Outstanding Balance at Close of This Period 8173.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cookfair Media Inc.	Nature of Debt (Purpose): Media Services
Mailing Address 536 Buckingham Avenue	
City State ZIP Code Syracuse NY 13210-	

Outstanding Balance Beginning This Period 3515.87	Transaction ID: 1LS51011.E317	
Amount Incurred This Period 27915.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 31430.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Americrown - Watkins Glen	Nature of Debt (Purpose): Food and Beverage
Mailing Address P.O. Box 2801	
City State ZIP Code Daytona Beach FL 32120-2801	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 18LS51208.E846	
Amount Incurred This Period 682.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 682.00

1) SUBTOTALS This Period This Page (optional).....	40285.87
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Kuhl for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Targeted Creative Communications, Inc.	Nature of Debt (Purpose): Targeted Mailing
Mailing Address 106 S. Columbus Street	
City State ZIP Code Alexandria VA 22314-	

Outstanding Balance Beginning This Period 8500.00	Transaction ID: 20LS51130.E393	
Amount Incurred This Period 26890.65	Payment This Period 26890.65	Outstanding Balance at Close of This Period 8500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor X-Press Info Solutions	Nature of Debt (Purpose): Targeted Mailings
Mailing Address 75 Champlain St.	
City State ZIP Code Albany NY 12204-	

Outstanding Balance Beginning This Period 8299.65	Transaction ID: 14LS51208.E844	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8299.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor McLaughlin and Associates	Nature of Debt (Purpose): Polling/Political Consulting
Mailing Address 566 S. Rte. 303	
City State ZIP Code Blauvelt NY 10913-	

Outstanding Balance Beginning This Period 8770.00	Transaction ID: 6LS51011.E322	
Amount Incurred This Period 278474.31	Payment This Period 232697.50	Outstanding Balance at Close of This Period 54546.81

1) SUBTOTALS This Period This Page (optional).....	71346.46
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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

(Use separate schedule(s) for each numbered line)	PAGE 118 / 119	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Kuhl for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kolpien & Associates	Nature of Debt (Purpose): Political Consulting
Mailing Address 100 West Market St., Suite 201	
City State ZIP Code Corning NY 14830-	

Outstanding Balance Beginning This Period	Transaction ID: LS51208.E845	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3761.58	0.00	3761.58

1) SUBTOTALS This Period This Page (optional).....	3761.58
2) TOTALS This Period (last page this line number only).....	176456.05
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Image# 27930925911

Form/Schedule: **F3A** Amended per FEC Recommendations
Transaction ID: **C00388173**
