

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
Friends of Sherwood Boehlert

ADDRESS (number and street) Post Office Box 819
 Check if different than previously reported. (ACC)
New Hartford NY 13413

2. **FEC IDENTIFICATION NUMBER** C00157529
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 24

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 [] [] [] in the State of []

5. Covering Period 01 01 2005 through 03 31 2005

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 Thomas C. Graziano

Signature of Treasurer Electronically Filed by Thomas C. Graziano Date 03 02 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Sherwood Boehlert

Report Covering the Period: From: To:

	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)).....	180399.00	195269.00
(b) Total Contribution Refunds (from Line 20(d)).....	2000.00	2000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	178399.00	193269.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	59993.41	109049.47
(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)).....	59993.41	109049.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	169154.65	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Sherwood Boehlert

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

107800.00

110660.00

(ii) Unitemized.....

1849.00

1849.00

(iii) TOTAL of contributions

109649.00

112509.00

from individuals..... ▶

1000.00

2000.00

(b) Political Party Committees.....

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

69750.00

80760.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

180399.00

195269.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

0.00

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

5508.89

5508.89

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

185907.89

200777.89

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	59993.41	109049.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2000.00	2000.00
21. OTHER DISBURSEMENTS.....	2535.00	2585.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	64528.41	113634.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	47775.17
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	185907.89
25. SUBTOTAL (add Line 23 and Line 24).....	233683.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	64528.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	169154.65

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 37 Woodberry Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
CONMED Corporation Exec.Vice Pres.

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 5

Transaction ID: 50317.C14392

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Daniel Nelson Adams

Mailing Address P.O. Box 555

City State Zip Code
Barneveld NY 13304-0555

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 0 5

Transaction ID: 50317.C14469

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 101 Sylvan Way

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Masonic Laboratory Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 0 5

Transaction ID: 50317.C14450

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) ► **1100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 3551 Long Point

City State Zip Code
Long Beach CA 90803

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

Name of Employer Occupation
BAF Technologies President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14550

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)
Julia Ann Kilgore Baker

Mailing Address 11 Hemlock Lane

City State Zip Code
Ithaca NY 14850

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

Name of Employer Occupation
ATC-NY Director of Tech. Staff

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 09 / 2005

Transaction ID: 50317.C14411

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)
Christian W. Ballantyne

Mailing Address 15 Cheviot Court

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
SIERRA CLUB Regional Representative

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14516

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 7 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 51 Homestead Road W.

City State Zip Code
Clinton NY 13323

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

Name of Employer
Barone, Howard & Hilton, P.C.

Occupation
C.P.A.

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14440

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)
June Barwick

Mailing Address Post Office Box 335

City State Zip Code
Cherry Valley NY 13320

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

Name of Employer Information Requested

Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2005

Transaction ID: 50317.C14470

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
John J. Batten, III

Mailing Address 1349 Lexington Avenue, Apt. 4C

City State Zip Code
New York NY 10128

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

Name of Employer
Malcolm Pirnie

Occupation
Vice President, Corporate Mark

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2005

Transaction ID: 50407.C14584

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) ► **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 139
	<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Catherine Bertini		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5	
Mailing Address 48 W. Court Street		Transaction ID: 50317.C14382	
City State Zip Code Cortland NY 13045		Amount of Each Receipt this Period 600.00	
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 United Nations	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 600.00		

Full Name (Last, First, Middle Initial) B. Sidney Blatt		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5	
Mailing Address 40 Woodberry Road		Transaction ID: 50317.C14391	
City State Zip Code New Hartford NY 13413		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 Slocum-Dickson	Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Andrew Bopp		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 5	
Mailing Address 2133 Tunlaw Rd., NW		Transaction ID: 50407.C14565	
City State Zip Code Washington DC 20007		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 Hearing Industries Assoc.	Occupation Dir. Regulatory Affairs		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 200.00		

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 15 Campbell Road Court

City Binghamton State NY Zip Code 13905

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

Name of Employer Security Mutual Life Insurance
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14381

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Polly Brock

Mailing Address 25 Sherman Circle

City Utica State NY Zip Code 13501

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

Name of Employer Information Requested
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
02 / 15 / 2005

Transaction ID: 50317.C14435

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Michael R. Brower

Mailing Address SUNY ESF - Bray Hall 224, 1 Fores

City Syracuse State NY Zip Code 13210

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

Name of Employer SUNY
Occupation Dir. Community/Govt. Relations

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14451

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)	1100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Deepak Buch

Mailing Address 104 Stonebridge Court

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Tri County Medical Medical Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14358

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Lauren Bull

Mailing Address 1007 Steuben Hill Road

City State Zip Code
Herkimer NY 13350

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

Name of Employer Occupation
Bull Bros. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14366

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)
Leighton Burns

Mailing Address 553 Folts Road

City State Zip Code
Herkimer NY 13350

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

Name of Employer Occupation
Kernan & Kernan Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14415

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Edna L. Carbone

Mailing Address 2606 Edmonds Road

City Boonville State NY Zip Code 13309

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

Name of Employer Information Requested Occupation
Homemaker

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

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14453

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Tammy Carnrike

Mailing Address 67 South Broad Street

City Norwich State NY Zip Code 13815

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

Name of Employer Information Requested Occupation
Chenango Cty Chamber of Commerce President/CEO

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14454

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)
James Carrigg

Mailing Address 3711 Maplehurst Drive

City Endwell State NY Zip Code 13760

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

Name of Employer Information Requested Occupation
Retired

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

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 09 / 2005

Transaction ID: 50317.C14401

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 903 Parkway East

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
retired Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50317.C14370

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 Chanatry

Mailing Address 825 James Street

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Chanatrys Food Mart Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50317.C14368

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
P. Chaudhari

Mailing Address 416 Longhill Road East

City State Zip Code
Briarcliff Manor NY 10510

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

Name of Employer Occupation
Brookhaven National Laboratory Laboratory Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 0 5

Transaction ID: 50407.C14553

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)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Jane Clark

Mailing Address 1 Rockefeller Plaza

City State Zip Code
New York NY 10020

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

Name of Employer Occupation
The Clark Estates, Inc. Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 5

Transaction ID: 50317.C14400

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 Clark

Mailing Address Post Office Box 655

City State Zip Code
Cazenovia NY 13035

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

Name of Employer Occupation
Clarks Petroleum Service, Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50317.C14356

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)
Harold T. Clark, Jr.

Mailing Address 20 Sherman Circle

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Mac-Clark CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 5

Transaction ID: 50317.C14385

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 14 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 702 Millers Mills Road

City State Zip Code
West Winfield NY 13491

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

Name of Employer Information Requested Occupation
Retired

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

300.00

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

Transaction ID: 50317.C14430

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Charles Constantino

Mailing Address 140 W. Linden Street

City State Zip Code
Rome NY 13440

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

Name of Employer Occupation
PAR Technology Inc. V. President

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

500.00

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

Transaction ID: 50317.C14427

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)
Eugene Corasanti

Mailing Address 9 Carmen Lane

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
CONMED Corporation Chairman

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 5

Transaction ID: 50317.C14417

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) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address Post Office Box 345

City State Zip Code
Clinton NY 13323

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

Name of Employer Occupation
Hamilton College Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50317.C14426

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 Craine

Mailing Address 53 Chenango Avenue

City State Zip Code
Sherburne NY 13460

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

Name of Employer Occupation
Management Group, Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50317.C14351

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 767 Third Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
Cullman Ventures, Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 5

Transaction ID: 50317.C14407

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) ► **1800.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 1214 Key Drive

City State Zip Code
Alexandria VA 22303

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

Name of Employer Occupation
Dawson Associates President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14558

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)
William P. Dee

Mailing Address 698 Erskine Road

City State Zip Code
Stamford CT 06903

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

Name of Employer Occupation
Malcolm Pirnie President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14582

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)
Lois DeFleur

Mailing Address 212 Meeker Road

City State Zip Code
Vestal NY 13850

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

Name of Employer Occupation
SUNY Binghamton President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 15 / 2005

Transaction ID: 50317.C14429

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Benjamin Delorio

Mailing Address 573 Simpson Road

City Remsen State NY Zip Code 13438

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

Name of Employer President
Occupation Delorio Frozen Dough Products

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2005

Transaction ID: 50317.C14428

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)
Martin Dietrich

Mailing Address 155 Serenity Drive

City Norwich State NY Zip Code 13815

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

Name of Employer NBT Bank
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14422

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)
Digestive Disease Medicine of Cent. NY

Mailing Address 110 Business Park Drive

City Utica State NY Zip Code 13502

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

Name of Employer
Occupation Partnership

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 2000.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2005

Transaction ID: 50317.C14475

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) **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 18 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Norman Neslin

Mailing Address 125 Paris Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14478

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

B. Full Name (Last, First, Middle Initial)
Stanley Weiselberg

Mailing Address 110 Business Park Drive

City State Zip Code
Utica NY 13502

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14477

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

C. Full Name (Last, First, Middle Initial)
Steven Kussin

Mailing Address 3303 Fountain Street

City State Zip Code
Clinton NY 13323

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14476

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 14 Toggletown Road

City State Zip Code
Clinton NY 13323

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14479

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

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

Mailing Address 237 Arrowhead Way

City State Zip Code
Clinton NY 13323

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14481

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

C. Full Name (Last, First, Middle Initial)
Bradley Sklar

Mailing Address 5 Lloyds Lane

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14480

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Brett R. Gandhi

Mailing Address 17 Marvin Street

City State Zip Code
Clinton NY 13323

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14482

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

B. Full Name (Last, First, Middle Initial)
Garth Garramone

Mailing Address 9445 Jaclyn Ave.

City State Zip Code
Sauquoit NY 13456

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

Name of Employer
Digestive Disease Medicine of

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14483

Amount of Each Receipt this Period
250.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Digestive Di-
sease Medicine of Cent.
NY

C. Full Name (Last, First, Middle Initial)
Alan Donovan

Mailing Address 285 West Street

City State Zip Code
Oneonta NY 13820

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

Name of Employer
State University of NY On-
eonta

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: 50317.C14494

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 139
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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)
Friends of Sherwood Boehlert

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

Mailing Address 26 Ross Street

City Owego State NY Zip Code 13827

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 01 / 2005

Transaction ID: 50317.C14443

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)
Frank DuRoss

Mailing Address 22 Stonebridge Road

City New Hartford State NY Zip Code 13413

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

Name of Employer Oneida Asbestos Removal Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 01 / 2005

Transaction ID: 50317.C14352

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 58 Ironwood Road

City New Hartford State NY Zip Code 13413

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

Name of Employer American Building Maintenance Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 16 / 2005

Transaction ID: 50317.C14518

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) ► **1800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Cecily R. Eidelhoch

Mailing Address 6 Old Willow Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Information Requested Occupation
Homemaker

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

300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14421

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Karen Elting

Mailing Address 10 Brigham Road

City State Zip Code
Oneonta NY 13820

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

Name of Employer Information Requested Occupation
Homemaker

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

500.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2005

Transaction ID: 50317.C14484

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)
David Emerson

Mailing Address 38 N. Canal Street

City State Zip Code
Oxford NY 13830

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

Name of Employer Information Requested Occupation
Blueox Corporation President

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

500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14369

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)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Markham C. Erickson

Mailing Address 6004 Woodley Road

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation
McGuiness & Holch Partner

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 28 / 2005

Transaction ID: 50407.C14581

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)
Michael Evans

Mailing Address Post Office Box 895

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
M. Griffith, Inc. Financial Planner

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14456

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 12 Gilbert Road

City State Zip Code
Whitesboro NY 13492

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

Name of Employer Occupation
Martin Marietta Manager

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14399

Amount of Each Receipt this Period
300.00

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 24 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 10 Deer Run Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
H.J. Brandeles

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 29 / 2005

Transaction ID: 50407.C14601

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)
Bruce S. Fein

Mailing Address 1904 Preble Road

City State Zip Code
Preble NY 13141

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

Name of Employer
NYS Dept. of Environ. Pro- tecti

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
03 / 08 / 2005

Transaction ID: 50317.C14495

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Gordon Felt

Mailing Address 8888 Trenton Falls Prospect Road

City State Zip Code
Remsen NY 13438

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

Name of Employer
Camp Northwood Inc.

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **850.00**

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14503

Amount of Each Receipt this Period
850.00

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

SUBTOTAL of Receipts This Page (optional) **2150.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Cara Fenstemacher

Mailing Address 15 Barley Mow Run

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Housewife Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 5

Transaction ID: 50317.C14377

Amount of Each Receipt this Period
350.00

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

B. Full Name (Last, First, Middle Initial)
Saul Finer

Mailing Address 2624 Crestway Street

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 0 5

Transaction ID: 50317.C14413

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1292 Frank Hyde Rd.

City State Zip Code
Owego NY 13827

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

Name of Employer Occupation
Tioga State Bank Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 5

Transaction ID: 50317.C14490

Amount of Each Receipt this Period
300.00

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

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 26 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 155 Sanford Avenue

City State Zip Code
Clinton NY 13323

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

Name of Employer Occupation
Town of Kirkland Supervisor

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50317.C14350

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Daryl Forsythe

Mailing Address 21 Ridgeland Road

City State Zip Code
Norwich NY 13815

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

Name of Employer Occupation
Norwich Bank and Trust President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50317.C14362

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)
Peter Freedman

Mailing Address 10 Tallmadge Court

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 5

Transaction ID: 50317.C14524

Amount of Each Receipt this Period
300.00

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 27 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 11123 Cosby Manor Road

City State Zip Code
Utica NY 13502

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

Name of Employer Occupation
Gaetano Construction V. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2005

Transaction ID: 50407.C14606

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)
George Getman

Mailing Address P.O. Box 477

City State Zip Code
Ilion NY 13357

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2005

Transaction ID: 50317.C14390

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1808 N. George Street

City State Zip Code
Rome NY 13440

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

Name of Employer Occupation
retired Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14444

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Geoffrey Gleason

Mailing Address 6126 N. 11th Rd.

City State Zip Code
Arlington VA 22205

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

Name of Employer Geoff Gleason Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14586

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 Golden

Mailing Address 55 North Main Street

City State Zip Code
Earlville NY 13332

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

Name of Employer Golden Artist Colors, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14457

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 134 Paris Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer M. Griffith Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14445

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) ► **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 29 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Janet N. Griffith

Mailing Address 134 Paris Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Information Requested Occupation
Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14446

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)
Frank Gruenewald

Mailing Address 9981 Hillside Terrace

City State Zip Code
Marcy NY 13403

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 09 / 2005

Transaction ID: 50317.C14406

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Martin Hamberger

Mailing Address 22601 Davis Drive

City State Zip Code
Sterling VA 20164

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

Name of Employer Information Requested Occupation
Martin G. Hamberger & Assoc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14455

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) ► **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 30 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 22601 Davis Drive

City State Zip Code
Sterling VA 20164

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

Name of Employer
Martin G. Hamberger & Assoc.

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date
2000.00

Date of Receipt
03 / 28 / 2005

Transaction ID: 50407.C14580

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)
Richard Hanna

Mailing Address 8228 State Rt. 28

City State Zip Code
Barneveld NY 13304

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

Name of Employer
Hanna Construction Company

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date
500.00

Date of Receipt
02 / 15 / 2005

Transaction ID: 50317.C14425

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)
Suzanne Harrington

Mailing Address 8087 Cider Street

City State Zip Code
Oriskany NY 13424

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

Name of Employer
Holland Farms

Occupation
Owner

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date
300.00

Date of Receipt
03 / 01 / 2005

Transaction ID: 50317.C14458

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) **1800.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Carl Haynes

Mailing Address 75 Devlen Road

City Groton State NY Zip Code 13073

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

Name of Employer Tompkins Cortland Comm. Colleg
Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt 03 / 29 / 2005

Transaction ID: 50407.C14607

Amount of Each Receipt this Period 300.00

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

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

Mailing Address Partners Trust Bank
4767 Commercial Drive

City New Hartford State NY Zip Code 13413

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

Name of Employer Savings Bank of Utica
Occupation Banker

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt 03 / 16 / 2005

Transaction ID: 50317.C14522

Amount of Each Receipt this Period 300.00

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

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

Mailing Address 7 Westridge Road

City Cooperstown State NY Zip Code 13326

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

Name of Employer Information Requested
Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 400.00

Date of Receipt 03 / 01 / 2005

Transaction ID: 50317.C14459

Amount of Each Receipt this Period 400.00

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

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 32 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 2649 B Spencer Hill Road

City State Zip Code
Corning NY 14830

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

Name of Employer Corning Incorporated Occupation Chairman & CEO

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14405

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Todd S. Hutton

Mailing Address 8 Pippin Wood Drive

City State Zip Code
New Hartford NY 13413

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

Name of Employer Utica College Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2005

Transaction ID: 50407.C14609

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)
Robert Ingalls

Mailing Address D-14 New Carriage House

City State Zip Code
Clinton NY 13323

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

Name of Employer Information Requested Occupation Assistant to County Executive

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14500

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) **1100.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address Post Office Box 111

City State Zip Code
Richfield Springs NY 13439-0111

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

Name of Employer Occupation
Jordan Associates Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50317.C14365

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Mustafa Kaakour

Mailing Address 117 Sylvan Way

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Centrex Laboratories Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 5

Transaction ID: 50407.C14600

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Ann M. Kelly

Mailing Address 2 Glen St.

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
350.00

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

Transaction ID: 50317.C14373

Amount of Each Receipt this Period
350.00

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

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 34 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Christopher Kelly

Mailing Address 9523 Main Street

City State Zip Code
Holland Patent NY 13354

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

Name of Employer J-K Lumber, Inc. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14509

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)
Kevin W. Kennedy

Mailing Address 145 Central Park West, Apt. 12-C

City State Zip Code
New York NY 10023

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

Name of Employer Goldman, Sacks & Co. Occupation Investment Banker

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 2000.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2005

Transaction ID: 50407.C14610

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)
Rodney Kent

Mailing Address 3859 Pratt Drive

City State Zip Code
Oneida NY 13421

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

Name of Employer International Wire Group-Bare Occupation President/CEO

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14387

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 35 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 1310 Utica Street, P.O. Box 750

City State Zip Code
Oriskany NY 13424

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

Name of Employer Occupation
Oriska Insurance Co. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14511

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)
Robert Kingsley

Mailing Address P.O. Box 280, 158 Swanswick Lane

City State Zip Code
Springfield Center NY 13468

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 01 / 2005

Transaction ID: 50317.C14371

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)
Thomas F. Kirkpatrick

Mailing Address P. O. Box 269

City State Zip Code
Rome NY 13442

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

Name of Employer Occupation
CRM Rental Management, In-c. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 01 / 2005

Transaction ID: 50317.C14361

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 36 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 11 Ridgeland Road

City State Zip Code
Norwich NY 13815-1215

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

Name of Employer Information Requested Occupation
Retired

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

850.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14460

Amount of Each Receipt this Period
850.00

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

B. Full Name (Last, First, Middle Initial)
Lore Koppel

Mailing Address 16 West Street

City State Zip Code
Fort Plain NY 13339

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

Name of Employer Information Requested Occupation
Homemaker

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

500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14403

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 99 Sanger Avenue

City State Zip Code
New Hartford NY 13413

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

Name of Employer Information Requested Occupation
Vice President

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

500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14506

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) ► **1850.00**

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 37 / 139
	(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)
Friends of Sherwood Boehlert

<p>A. Full Name (Last, First, Middle Initial) Howard LaFever</p> <p>Mailing Address Howlyn Acres, 5358 North Butler Ro</p> <p>City State Zip Code Morrisville NY 13408</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Stearns & Wheeler Occupation Partner</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 16 / 2005</p> <p>Transaction ID: 50317.C14510</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Henry Lamont</p> <p>Mailing Address 333 Lamont District Road</p> <p>City State Zip Code Cobleskill NY 12043</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mann Block Associates Occupation Engineer</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p>Election Cycle-to-Date ▼ 1500.00</p>	<p>Date of Receipt 03 / 22 / 2005</p> <p>Transaction ID: 50407.C14533</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Joseph T. Lauko</p> <p>Mailing Address 8 Ronway Drive</p> <p>City State Zip Code Baldwinsville NY 13027</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Syracuse Research Corp. Occupation Director of Information</p> <p>Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 28 / 2005</p> <p>Transaction ID: 50407.C14571</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2800.00
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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Lloyd Lawrence

Mailing Address 345 S. Patrick Street

City State Zip Code
Bethlehem NY 12054

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

Name of Employer Occupation
Bob Lawrence & Associates President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50407.C14552

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)
Alan Leist

Mailing Address 2631 Genesee Street

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Strategic Financial Services CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14383

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Harold Lennon

Mailing Address 4571 Commercial Drive

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Lennons - W. B. Wilcox Co. Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14527

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) ► **1800.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 9811 Mallory Road

City State Zip Code
Sauquoit NY 13456

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

Name of Employer
Levitt & Gordon

Occupation
self-employed

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 5

Transaction ID: 50317.C14409

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 4321 Indian Field Road

City State Zip Code
Clinton NY 13323

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

Name of Employer Information Requested

Occupation
Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 5

Transaction ID: 50317.C14404

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)
Ronald Longo

Mailing Address 136 Mucky Run Road

City State Zip Code
Frankfort NY 13340

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

Name of Employer
Northern Safety Company

Occupation
CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 5

Transaction ID: 50317.C14504

Amount of Each Receipt this Period
300.00

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 40 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Dennis Lou

Mailing Address 14 Tilton Avenue

City State Zip Code
Oneonta NY 13820

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2005

Transaction ID: 50317.C14471

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)
Orrin MacMurray

Mailing Address 8311 Dixon Road

City State Zip Code
Camden NY 13316

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

Name of Employer Information Requested Occupation
The C & S Companies President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 03 / 2005

Transaction ID: 50317.C14380

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)
James Mahon

Mailing Address 36 Church Street

City State Zip Code
Camden NY 13316

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2005

Transaction ID: 50407.C14611

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
W. Anthony Mandour

Mailing Address 13 Hubbardton Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Ulrica Urologic Associates
P.C

Occupation
Urologist

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14353

Amount of Each Receipt this Period
600.00

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

B. Full Name (Last, First, Middle Initial)
Gerald L. Marketos

Mailing Address P.O. Box 10

City State Zip Code
Rome NY 13442

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

Name of Employer
retired

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14498

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)
John Martin

Mailing Address 14512 Bellmeade Lane

City State Zip Code
Darnestown MD 20874

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

Name of Employer
Oso Group

Occupation
Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14389

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 42 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Lillian D. Matt

Mailing Address 130 Paris Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14438

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Theodore Max

Mailing Address Box 401, 9495 W. Main

City State Zip Code
Holland Patent NY 13354

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

Name of Employer Occupation
Information Requested Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2005

Transaction ID: 50317.C14434

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)
Albert Mazloom

Mailing Address 108 Hartford Place

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Trenton Technology, Inc. Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14410

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) ▶ **3300.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Jeremiah McCarthy

Mailing Address 9560 Main Street

City State Zip Code
Holland Patent NY 13354

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

Name of Employer Occupation
Northland Telephone President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50317.C14354

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)
Robert McCrory, Jr.

Mailing Address 16 Sand Brook Road

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
University of Rochester Laboratory Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 5

Transaction ID: 50407.C14617

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Michael J. McCulley

Mailing Address 1112 Tall Pines Drive

City State Zip Code
Friendswood TX 77546

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

Name of Employer Occupation
United Space Alliance CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 5

Transaction ID: 50407.C14567

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)	1800.00
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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Samuel A. McLafferty

Mailing Address 2522 Agard Road

City Trumansburg State NY Zip Code 14886

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

Name of Employer Palisade Corporation Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14529

Amount of Each Receipt this Period
 300.00

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

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

Mailing Address 1304 Roundhouse Lane, Apt. 504

City Alexandria State VA Zip Code 22314-5929

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

Name of Employer Price Waterhouse Coopers Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14556

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)
Daniel Meehan

Mailing Address 14 Oakwood Drive

City New Hartford State NY Zip Code 13413

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

Name of Employer State Farm Insurance Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2005

Transaction ID: 50317.C14501

Amount of Each Receipt this Period
 300.00

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 45 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 12 Overbrook Circle

City State Zip Code
New Hartford NY 13413

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

Name of Employer State Farm Insurance Occupation Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14412

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Doris Miga

Mailing Address 208 Winchester Drive

City State Zip Code
New Hartford NY 13413

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

Name of Employer Utica College Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14374

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 620 Deerfield Drive

City State Zip Code
Oneida NY 13421

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

Name of Employer Dolphin Technology Inc. Occupation President & CEO

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 2000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14360

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)	2600.00
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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Jeffery More

Mailing Address 412 A Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Accord Group Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14583

Amount of Each Receipt this Period
 2100.00

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

B. Full Name (Last, First, Middle Initial)
Jeffery More

Mailing Address 412 A Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Accord Group Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) General - 2006

Election Cycle-to-Date 4200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14594

Amount of Each Receipt this Period
 2100.00

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

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

Mailing Address 20 Clinton Street

City Oneonta State NY Zip Code 13820

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

Name of Employer Self-Employed Occupation Investment Consultant

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2005

Transaction ID: 50317.C14526

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)	4450.00
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 47 / 139
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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address P. O. Box 130, 118 Whispering Stre

City State Zip Code
Fayetteville NY 13066

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

Name of Employer
Orthodontic Assocs. of Central
Occupation
Orthodontist

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14419

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Steven M. Naegele

Mailing Address 22 Park Place North

City State Zip Code
Herkimer NY 13350

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

Name of Employer
Custom Tool & Model Corp.
Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14502

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 30841 Marbella Corte

City State Zip Code
San Juan Capistran CA 92675

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

Name of Employer
Information Requested
Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14461

Amount of Each Receipt this Period
300.00

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: PAGE 48 / 139
	(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)
Friends of Sherwood Boehlert

<p>A. Full Name (Last, First, Middle Initial) B.A. Nusbaum</p> <p>Mailing Address 405 Academy at Southgate - Foery D</p> <p>City State Zip Code Utica NY 13501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Retired</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p style="text-align: right;">400.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 08 / 2005</p> <p>Transaction ID: 50317.C14491</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Carol Ocuto</p> <p>Mailing Address Post Office Box 36</p> <p>City State Zip Code Mohawk NY 13407</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Ocuto Blacktop & Paving Co., I Owner</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 01 / 2005</p> <p>Transaction ID: 50317.C14462</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Bahram Omidian</p> <p>Mailing Address 2520 Genesee Street</p> <p>City State Zip Code Utica NY 13502</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Self Employed Physician</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 16 / 2005</p> <p>Transaction ID: 50317.C14525</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Cynthia J. Parlato

Mailing Address 35 Oakwood Drive

City State Zip Code
New Hartford NY 13413

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

Name of Employer Self-Employed Occupation
Medical Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2005

Transaction ID: 50407.C14608

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Michael Parsons

Mailing Address 13 Butternut Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer First Source FCU Occupation
President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2005

Transaction ID: 50317.C14485

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)
Jeffrey Peck

Mailing Address 8 Tennyson Circle

City State Zip Code
New Hartford NY 13413

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

Name of Employer Peck and Ehrlich Occupation
Periodontist

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14463

Amount of Each Receipt this Period
750.00

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 50 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Timothy Pedley

Mailing Address 55 Grace Church Street

City Rye State NY Zip Code 10580

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

Name of Employer Self-Employed
Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt

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

Transaction ID: 50317.C14372

Amount of Each Receipt this Period

300.00

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

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

Mailing Address 148 Proctor Boulevard

City Utica State NY Zip Code 13501

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

Name of Employer retired
Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	5

Transaction ID: 50407.C14535

Amount of Each Receipt this Period

300.00

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

C. Full Name (Last, First, Middle Initial)
Cophelia Pertz

Mailing Address 18 Hillside Avenue

City New Hartford State NY Zip Code 13413

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

Name of Employer Julian & Pertz
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	5

Transaction ID: 50317.C14394

Amount of Each Receipt this Period

300.00

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 51 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Edward Peterson

Mailing Address 28 Rollingwood Drive

City State Zip Code
New Hartford NY 13413

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

Name of Employer Information Requested Occupation
Retired

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

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14517

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Aviva Philipson

Mailing Address 10 Brantwood Road

City State Zip Code
Utica NY 13501

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

Name of Employer Philipsons Army/Navy Store Occupation
Owner

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

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14534

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Anthony Piana

Mailing Address 1334 State Route 169

City State Zip Code
Little Falls NY 13365

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

Name of Employer Self-Employed Occupation
Dentist

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

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 09 / 2005

Transaction ID: 50317.C14398

Amount of Each Receipt this Period
300.00

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 52 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 104 Wendell Terrace

City State Zip Code
Syracuse NY 13203

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

Name of Employer: DestiNY USA
Occupation: Principal

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt
03 / 22 / 2005

Transaction ID: 50407.C14559

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)
Patrick Quinn

Mailing Address 5709 Potomac Avenue, NW

City State Zip Code
Washington DC 20016

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

Name of Employer: The Accord Group
Occupation: Principal

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **250.00**

Date of Receipt
03 / 22 / 2005

Transaction ID: 50407.C14541

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)
Marie Raymonda

Mailing Address 35 Chateau Drive

City State Zip Code
Whitesboro NY 13492

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

Name of Employer: Information Requested
Occupation: Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt
02 / 09 / 2005

Transaction ID: 50317.C14416

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) **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 53 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Earle Reed

Mailing Address 3 Wadsworth Lane E

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
The Utica Companies President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14396

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)
Timothy Reed

Mailing Address 1 Sherman Lane

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Utica Boilers Inc. President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14359

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)
John Remillard

Mailing Address 27 West End Avenue

City State Zip Code
Oneonta NY 13820

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

Name of Employer Occupation
A.O. Fox Memorial Hospital CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14464

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Mary-Margaret E. Robbins

Mailing Address 20 Pioneer Street

City State Zip Code
Cooperstown NY 13326

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

Name of Employer Occupation
CVS Pharmacist

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14512

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
J. Douglas Robinson

Mailing Address 4 Christopher Circle

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Utica Mutual Insurance President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 03 / 2005

Transaction ID: 50317.C14378

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 501 Main Street

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
D.B. Smith Inc. Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14437

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)	2600.00
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 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address Post Office Box 218

City State Zip Code
New York Mills NY 13417

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

Name of Employer
D. B. Smith and Co. Inc. Occupation
President

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2005

Transaction ID: 50317.C14465

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)
Linda E. Romano

Mailing Address 501 Main Street

City State Zip Code
Utica NY 13501

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

Name of Employer
Romano Law Offices Occupation
Attorney

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 29 / 2005

Transaction ID: 50407.C14603

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)
Elizabeth Rougeux

Mailing Address 119 Concord Pl.
Center for Science & Tech.

City State Zip Code
Syracuse NY 13210

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

Name of Employer
Syracuse University Occupation
Ex. Dir. Gov. Comm. Relations

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14523

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Gabe Rozsa

Mailing Address 1801 K Street, NW., Suite 901-L

City Washington State DC Zip Code 20006

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

Name of Employer B*K*S*H & Associates Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14551

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)
Howard Sabrin

Mailing Address 624 Concerto lane

City Silver Spring State MD Zip Code 20901

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14548

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 W. Sammon III

Mailing Address 6824 Reservoir Rd.

City Clinton State NY Zip Code 13323

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

Name of Employer PAR Technology Occupation Vice-President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14531

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: <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 57 / 139
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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Kishor Sangani

Mailing Address 4 Hubbardton Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer
Self-Employed

Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	5

Transaction ID: 50317.C14499

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Francis Sanzone

Mailing Address Box 696

City State Zip Code
East Syracuse NY 13057

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

Name of Employer
Spirit & Sanzone Dist.

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 50317.C14355

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)
Michael Schafer

Mailing Address 7978 Blue Road

City State Zip Code
Barneveld NY 13304

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

Name of Employer
Mohawk Valley Community Colleg

Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 50317.C14436

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Schlather & Birch, Esqs.

Mailing Address Mr. and Mrs. Robert Schlather
192 Main Street

City Cooperstown State NY Zip Code 13326

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

Name of Employer Partnership Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	5

Transaction ID: 50317.C14473

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)
Robert Schlather

Mailing Address 192 Main Street

City Cooperstown State NY Zip Code 13326

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

Name of Employer Schlather & Birch Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	0	5

Transaction ID: 50317.C14474

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->Schlather & Birch, Esqs.

C. Full Name (Last, First, Middle Initial)
Roland Schmitt

Mailing Address P.O. Box 240

City Rexford State NY Zip Code 12148

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

Name of Employer Information Requested Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	5

Transaction ID: 50317.C14408

Amount of Each Receipt this Period
300.00

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 59 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Harold Schreck

Mailing Address 10303 Alda Road

City State Zip Code
Utica NY 13502

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50407.C14530

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Bernard Schulte

Mailing Address Box 42

City State Zip Code
Norwich NY 13815

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

Name of Employer Information Requested Occupation
Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14402

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)
Andrew Sciarabba

Mailing Address 521 Ridge Road

City State Zip Code
Lansing NY 14882

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

Name of Employer Information Requested Occupation
Sciarabba Walker & Co., LLP CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50407.C14532

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Renee Shevat

Mailing Address 102 Gale Drive

City Cobleskill State NY Zip Code 12043

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

Name of Employer Herkimer Diamond Development Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2005

Transaction ID: 50407.C14648

Amount of Each Receipt this Period
 600.00

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

B. Full Name (Last, First, Middle Initial)
Ann Siegel

Mailing Address One Compton Road

City New Hartford State NY Zip Code 13413

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2005

Transaction ID: 50317.C14363

Amount of Each Receipt this Period
 300.00

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

C. Full Name (Last, First, Middle Initial)
Samuel J. Simon

Mailing Address 1676 Lincoln Avenue

City Utica State NY Zip Code 13502

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

Name of Employer Indium Corporation of America Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 01 / 2005

Transaction ID: 50317.C14447

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) **1900.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Shawn H. 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 Consultant

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 22 / 2005

Transaction ID: 50407.C14544

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)
H. William Smith

Mailing Address 975 County Road 10-A

City State Zip Code
Norwich NY 13815

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

Name of Employer Smith Norwich Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14467

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)
Mark Smith

Mailing Address 908 Parkway E.

City State Zip Code
Utica NY 13501

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

Name of Employer Smith Packing, Inc. Occupation Vice-President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14466

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	1800.00
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 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 3581 Harding Road, P.O. Box 229

City State Zip Code
Clinton NY 13323

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

Name of Employer
Smith Packing, Inc. Occupation
President

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 5

Transaction ID: 50317.C14386

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 1999 Interlocken Drive

City State Zip Code
Evergreen CO 80439

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

Name of Employer
Electronic Packaging Solution Occupation
self-employed

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 5

Transaction ID: 50407.C14588

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)
Patricia F. Stopyra

Mailing Address 5 North Park

City State Zip Code
Auburn NY 13021

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

Name of Employer
Spacial Logic, LLC Occupation
Business Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 5

Transaction ID: 50317.C14388

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Sheldon Storrier

Mailing Address 5 Old Willow Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Aspen Events Unlimited, Inc. Retired

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

300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14348

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Eric Straus

Mailing Address 76 Laurel Road

City State Zip Code
New Canaan CT 06840

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

Name of Employer Occupation
The Clark Estates, Inc. Senior Vice President

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

250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14515

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)
William F. Streck

Mailing Address 5 Fernleigh Drive

City State Zip Code
Cooperstown NY 13326

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

Name of Employer Occupation
Bassett Healthcare Administrator

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

500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14379

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)	▶	1050.00
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 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Bruno Talevi

Mailing Address 5988 State Highway 80

City State Zip Code
Cooperstown NY 13326

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

Name of Employer Self-Employed Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14367

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 109 Patricia Lane

City State Zip Code
Utica NY 13501

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

Name of Employer Weight Watchers Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2005

Transaction ID: 50407.C14602

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)
Constance Taylor

Mailing Address 1012 N. Madison Street

City State Zip Code
Rome NY 13440

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14468

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	1100.00
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 / 139
	<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. William Teator		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2005
Mailing Address 2119 Kings Garden Way		Transaction ID: 50407.C14554
City State Zip Code Falls Church VA 22043	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 Capital Advocates, LLC	Occupation President/CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Louis Tehan		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2005
Mailing Address 900 Sherman Drive		Transaction ID: 50317.C14448
City State Zip Code Utica NY 13501	Amount of Each Receipt this Period 300.00	
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 United Cerebral Palsy	Occupation Executive Director	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Carole Tibbitts		Date of Receipt M M / D D / Y Y Y Y Y 02 / 01 / 2005
Mailing Address 9 Richards Avenue		Transaction ID: 50317.C14347
City State Zip Code Oneonta NY 13820	Amount of Each Receipt this Period 300.00	
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 Information Requested	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	1600.00
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 66 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Frederick Tillman

Mailing Address 208 Elm Street

City State Zip Code
Rome NY 13440

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

Name of Employer Occupation
Tucker Anthony Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

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

Transaction ID: 50317.C14432

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Symeon Tsoupelis

Mailing Address 16 Benton Circle

City State Zip Code
Utica NY 13501

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

Name of Employer Occupation
Symeons Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 5

Transaction ID: 50317.C14519

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Amy E. Turner

Mailing Address 13877 Short Cut Road

City State Zip Code
Martville NY 13111

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

Name of Employer Occupation
Mohawk Valley CAA Executive Director

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 5

Transaction ID: 50317.C14441

Amount of Each Receipt this Period
300.00

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 67 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 11309 Markham Court

City Richmond State VA Zip Code 23233

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

Name of Employer ICG Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14590

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)
Dwight Vicks, Jr

Mailing Address 157 Proctor Boulevard

City Utica State NY Zip Code 13501

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

Name of Employer Vicks Printing and Lithograph Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2005

Transaction ID: 50317.C14528

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Alan Vincent

Mailing Address 25 West Mill Street, #1

City Little Falls State NY Zip Code 13365-1911

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

Name of Employer Vincent Manufacturing Occupation President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2005

Transaction ID: 50407.C14612

Amount of Each Receipt this Period
300.00

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 68 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Thomas Vitanza

Mailing Address 15 Maple Street

City State Zip Code
Norwich NY 13815

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2005

Transaction ID: 50317.C14384

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
Frank C. Vlossak, IV

Mailing Address 4001 North 9th Street
Apt. 1809

City State Zip Code
Arlington VA 22203

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

Name of Employer Occupation
Williams & Jensen Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2005

Transaction ID: 50407.C14585

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)
John Waszkiewicz

Mailing Address 11 White Pine Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Faster Forms President

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14442

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) ► **1300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 333 West Dominick Street

City State Zip Code
Rome NY 13440

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

Name of Employer Occupation
Rome Sentinel Publisher

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

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

Transaction ID: 50317.C14349

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)
John Weed

Mailing Address 30 Ironwood Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
PAR Government Systems Co-rpora Program Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 5

Transaction ID: 50317.C14439

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
Harold Wheeler

Mailing Address 16 Silver Birch Court

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Canteen Corporation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 5

Transaction ID: 50317.C14375

Amount of Each Receipt this Period
400.00

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

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <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 70 / 139
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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial) Nancy L. Williams Mailing Address 254 W. Wayne Avenue City <u>Wooster</u> State <u>OH</u> Zip Code <u>44691</u> FEC ID number of contributing federal political committee. <u>C</u>		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>0</td><td>3</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50317.C14492 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</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	0	3	/	0	8	/	2	0	0	5	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	0	8	/	2	0	0	5														
1000.00																							
Name of Employer Information Requested Occupation Homemaker Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

B. Full Name (Last, First, Middle Initial) Douglas Willies Mailing Address 248 Hillside Drive City <u>Oneonta</u> State <u>NY</u> Zip Code <u>13820</u> FEC ID number of contributing federal political committee. <u>C</u>		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>0</td><td>3</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50317.C14496 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</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	0	3	/	1	6	/	2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3	/	1	6	/	2	0	0	5														
300.00																							
Name of Employer Information Requested Occupation President Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>		300.00																					
300.00																							

C. Full Name (Last, First, Middle Initial) Marolyn Wilson Mailing Address 19 Cheriton Drive City <u>Whitesboro</u> State <u>NY</u> Zip Code <u>13492</u> FEC ID number of contributing federal political committee. <u>C</u>		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>0</td><td>2</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 50317.C14395 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</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	0	2	/	0	9	/	2	0	0	5	300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	9	/	2	0	0	5														
300.00																							
Name of Employer Information Requested Occupation Owner Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006 Election Cycle-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>		300.00																					
300.00																							

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 71 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 63 Chestnut Hills

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Sitrin Home CEO

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2005

Transaction ID: 50317.C14513

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)
Harry Wolfe

Mailing Address 1818 Hurricane Harbour Lane

City State Zip Code
Naples FL 34102

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

Name of Employer Occupation
Valley News President

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2005

Transaction ID: 50317.C14433

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)
Harvey Yando

Mailing Address 7808 State Route 5

City State Zip Code
Clinton NY 13323

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

Name of Employer Occupation
Bailey & Haskell Associates, I Insurance Agent

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2005

Transaction ID: 50317.C14449

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 72 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 107 Gadwall Lane

City State Zip Code
Manlius NY 13104

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

Name of Employer Occupation
Savings Bank of Utica Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14414

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 114 Gilbert Road

City State Zip Code
New Hartford NY 13413

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

Name of Employer Occupation
Hook, Line & Sinker Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2005

Transaction ID: 50317.C14364

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 8162 Kellogg Street

City State Zip Code
Clinton NY 13323

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

Name of Employer Occupation
Dominion Director of Area Operation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2005

Transaction ID: 50317.C14418

Amount of Each Receipt this Period
300.00

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)	▶	107800.00

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

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

FOR LINE NUMBER: PAGE 73 / 139
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Agri-Mark Legis. & Education Cmte. PAC
Mailing Address P. O. Box 5800
City State Zip Code
Lawrence MA 01842
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2005
Transaction ID: 50407.C14647
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)
AGSHF Civic Action Committe
Mailing Address 1333 New Hampshire Avenue, NW
Suite 400
City State Zip Code
Washington DC 20036
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006
Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005
Transaction ID: 50407.C14536
Amount of Each Receipt this Period
750.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Alliant Techsystem Emp. Citizenship Fund
Mailing Address 1755 Jefferson Davis Hwy., #1207
Crystal Sq. 5
City State Zip Code
Arlington VA 22202
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Primary - 2006
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005
Transaction ID: 50407.C14549
Amount of Each Receipt this Period
1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2250.00**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 120 Park Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14542

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)
Amalgamated Transit Union-COPE

Mailing Address 5025 Wisconsin Ave. NW

City State Zip Code
Washington DC 20016-4139

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14543

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1111 14th Street NW, Suite 1100

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: 50317.C14486

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 75 / 139
	(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)
Friends of Sherwood Boehlert

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

Mailing Address 325 Seventh Street, N.W.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

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

Transaction ID: 50111.C14339

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
American Mov. & Storage Assn. PAC (AMPAC)

Mailing Address 1611 Duke Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 2 / 2 0 0 5

Transaction ID: 50407.C14546

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)
American Optometric Association PAC

Mailing Address 1505 Prince Street, Suite 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 5

Transaction ID: 50407.C14623

Amount of Each Receipt this Period
 1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
AMO Voluntary Political Action Fund

Mailing Address 2 W. Dixie Highway

City State Zip Code
Dania FL 33004

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14545

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)
Ashland Inc. PAC (PACE)

Mailing Address Post Office Box 391

City State Zip Code
Arhland KY 41114

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2005

Transaction ID: 50407.C14619

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)
Assoc. of Amer. Railroad PAC (RAILPAC)

Mailing Address 50 F Street, NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2005

Transaction ID: 50407.C14547

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: <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	PAGE 77 / 139
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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address 1300 N. 17th St.

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	5

Transaction ID: 50407.C14622

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)
BNSF RailPAC

Mailing Address Post Office Box 961039

City State Zip Code
Fort Worth TX 76161-0039

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	5

Transaction ID: 50407.C14597

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)
Boeing Political Action Committee

Mailing Address 1200 Willson Boulevard

City State Zip Code
Arlington VA 22209

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

Name of Employer Boeing Political Action Commit

Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	5

Transaction ID: 50407.C14537

Amount of Each Receipt this Period

1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Committee on Political Ed., AFL-CIO COPE

Mailing Address 815 16th Street, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Occupation Director

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14598

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)
Computer & Comm. Industry Assoc. PAC

Mailing Address 666 11th St NW STE 600

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14555

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)
Concrete Masonry PAC

Mailing Address 2302 Horse Pen Road

City Herndon State VA Zip Code 20171

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14579

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 79 / 139
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Credit Union Leg. Action Council (CULAC)
 Mailing Address 601 Pennsylvania Ave., NW.
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: 2006
 Primary General
 Other (specify) Primary - 2006
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 29 / 2005
Transaction ID: 50407.C14616
 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)
Dairylea Cooperative PAC
 Mailing Address 63 Main Street Box 4844
 City Otego State NY Zip Code 13825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006
 Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 01 / 2005
Transaction ID: 50317.C14357
 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)
Dickstein Shapiro Morin & Oshinsky PAC
 Mailing Address 2101 L Street, N.W.
 City Washington State DC Zip Code 20037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2005
Transaction ID: 50407.C14560
 Amount of Each Receipt this Period
 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 80 / 139
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

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

Mailing Address P.O. Box 13222

City State Zip Code
Sacramento CA 95813-6000

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 5

Transaction ID: 50125.C14345

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)
General Atomics PAC

Mailing Address Post Office Box 22930

City State Zip Code
San Diego CA 92122

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 2 / 2 0 0 5

Transaction ID: 50407.C14561

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)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20004-2407

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 2 / 2 0 0 5

Transaction ID: 50407.C14562

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 81 / 139
	(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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Guardian Industries Corp. Federal PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2005	
Mailing Address 2300 Harmon Road		Transaction ID: 50317.C14508	
City Auburn Hills	State MI	Zip Code 48326	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) B. Honeywell International PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2005	
Mailing Address 1001 Pennsylvania Avenue, NW, Ste.		Transaction ID: 50407.C14591	
City Washington	State DC	Zip Code 20004	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. I.F.P.T.E. LEAP-PAC		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2005	
Mailing Address 8630 Fenton St., Suite 400		Transaction ID: 50407.C14589	
City Silver Spring	State MD	Zip Code 20910	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 500.00		

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 82 / 139
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Int. Assn. of Fire Fighters PAC

Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14596

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)
L-3 Communications Corporation PAC

Mailing Address 600 Third Avenue

City State Zip Code
New York NY 10016

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14587

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)
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive
Crystal Square Two, Suite 300

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14521

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) ► **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 83 / 139
	<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Lockheed Martin Employees PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address 1550 Crystal Drive Crystal Square Two, Suite 300		Transaction ID: 50407.C14599	
City Arlington State VA Zip Code 22202	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 Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Occupation Election Cycle-to-Date 3000.00		

Full Name (Last, First, Middle Initial) B. Natl Weather Service Employees PAC		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address 601 Pennsylvania Ave., NW Ste 900		Transaction ID: 50407.C14577	
City Washington State DC Zip Code 20004	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 Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Occupation Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. National Apartment Assoc. PAC (NAA PAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2005	
Mailing Address 201 N. Union Street, Suite 200		Transaction ID: 50407.C14613	
City Alexandria State VA Zip Code 22314	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 Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General - 2006	Occupation Election Cycle-to-Date 1000.00		

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 84 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
National Cmte. to Preserve SS & Med PAC

Mailing Address 10 G Street, N.E., Suite 600

City Washington State DC Zip Code 20002-4215

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2005

Transaction ID: 50407.C14557

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)
National MultiHousing Council PAC

Mailing Address 1850 M Street, NW, Suite 540

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2005

Transaction ID: 50407.C14615

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 Tank Truck Carriers PAC

Mailing Address 2200 Mill Road

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14578

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)	6500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
New York Life PAC (NYL PACE)

Mailing Address 51 Madison Avenue

City State Zip Code
New York NY 10010

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2005

Transaction ID: 50407.C14576

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 State Hospital and Healthcare

Mailing Address Associations Federal PAC
One Empire Drive

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2005

Transaction ID: 50125.C14343

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)
Office of the Comm. of Maj. Leag. BB PAC

Mailing Address 1050 Connecticut Avenue, N.W., #11

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2005

Transaction ID: 50407.C14620

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 86 / 139
	(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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Old Castle Material Inc., PAC

Mailing Address c/o Van Scoyoc Associates, Inc.
101 Constitution Avenue, NW, Suite

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 9 / 2 0 0 5

Transaction ID: 50125.C14344

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)
Owner Operator Ind. Drivers Assn. PAC

Mailing Address 1101 30th Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 8 / 2 0 0 5

Transaction ID: 50407.C14575

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)
Professional Airways Systems Specialists

Mailing Address 1150 17th Street, Suite 702

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 5

Transaction ID: 50317.C14505

Amount of Each Receipt this Period
 1500.00

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:	PAGE 87 / 139
	(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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Professionals PAC, HDR, INC. ETAL.

Mailing Address 8404 Indian Hills Drive

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2005

Transaction ID: 50407.C14618

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)
Raytheon Company PAC

Mailing Address 870 Winter Street

City State Zip Code
Waltham MA 02451

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14573

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)
Realtors PAC

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: 50317.C14493

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 88 / 139
	(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)
Friends of Sherwood Boehlert

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

Mailing Address 430 N. Michigan Avenue

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14572

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)
Republican Main Street PAC

Mailing Address 1220 L Street, NW
Suite 100-263

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2005

Transaction ID: 50317.C14507

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)
Responsible Citizens Political League

Mailing Address 3 Research Place

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14569

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 139
	<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)
Friends of Sherwood Boehlert

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

Mailing Address 1750 New York Avenue, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) Primary - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14570

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)
The NEA Fund For Child. & Public Ed. PAC

Mailing Address 1201 16th Street, N.W., Suite 421

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) General - 2006

Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14593

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)
The Procter & Gamble PAC

Mailing Address One Procter & Gamble Plaza

City Cincinnati State OH Zip Code 45202

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

Name of Employer Procter and Gamble Good Govern
Occupation

Receipt For: 2006
 Primary General
 Other (specify) General - 2006

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2005

Transaction ID: 50407.C14574

Amount of Each Receipt this Period
 1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 139
	<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Trans. Trades Department PAC (AFL-CIO)		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005
Mailing Address 888 16th Street, N.W., Suite 650		Transaction ID: 50407.C14592
City State Zip Code Washington DC 20006	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Union Pacific Corp. Fund for Eff. Govt.		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2005
Mailing Address 600 Thirteenth Street, N.W., Suite		Transaction ID: 50317.C14431
City State Zip Code Washington DC 20004	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Union Pacific Corp. Fund for Eff. Govt.		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005
Mailing Address 600 Thirteenth Street, N.W., Suite		Transaction ID: 50407.C14595
City State Zip Code Washington DC 20004	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 2000.00	

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: (check only one)	PAGE 91 / 139
	<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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
United Space Alliance PAC

Mailing Address (USA PAC)
1150 Gemini Avenue

City State Zip Code
Houston TX 77058

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14568

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)
United Technologies Corp. PAC

Mailing Address 1401 Eye Street, NW 600

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14566

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)
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: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 50407.C14564

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	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 92 / 139
	(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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. UPSPAC		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2005	
Mailing Address 55 Glenlake Parkway, NE		Transaction ID: 50407.C14621	
City State Zip Code Atlanta GA 30328		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00064766		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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Verizon Comm. Inc. Good Govt. Club		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2005	
Mailing Address 1717 Arch Street, 47-S		Transaction ID: 50111.C14340	
City State Zip Code Philadelphia PA 19103		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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Verizon Comm. Inc. Good Govt. Club		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address 1717 Arch Street, 47-S		Transaction ID: 50407.C14563	
City State Zip Code Philadelphia PA 19103		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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006		Election Cycle-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	69750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 93 / 139	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" 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)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Committee to Elect McHugh

Mailing Address P.O. Box 70052

City State Zip Code
Washington DC 20024

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼
 Primary - 2006

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: 50111.C14338

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 139
	<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 checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2005	
Mailing Address P.O. Box 149195		Transaction ID: 50317.C14487	
City State Zip Code Austin TX 78714-9195	Amount of Each Receipt this Period 757.57		
FEC ID number of contributing federal political committee. C	Other 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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006	Election Cycle-to-Date 757.57		

Full Name (Last, First, Middle Initial) B. The Bank of Utica		Date of Receipt M M / D D / Y Y Y Y 01 / 18 / 2005	
Mailing Address 222 Genesee Street		Transaction ID: 50125.C14342	
City State Zip Code Utica NY 13502-	Amount of Each Receipt this Period 4684.09		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation The Bank of Utica Interest	Election Cycle-to-Date 4684.09		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006			

Full Name (Last, First, Middle Initial) C. The Bank of Utica		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2005	
Mailing Address 222 Genesee Street		Transaction ID: 50317.C14393	
City State Zip Code Utica NY 13502-	Amount of Each Receipt this Period 67.23		
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation The Bank of Utica Interest	Election Cycle-to-Date 4751.32		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary - 2006			

SUBTOTAL of Receipts This Page (optional)	5508.89
TOTAL This Period (last page this line number only)	5508.89

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Adelphia		Transaction ID: 50317.E11602 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address Post Office Box 371449		Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Pittsburgh State PA Zip Code 15250-7406	Purpose of Disbursement : UTILITIES 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. Adelphia		Transaction ID: 50317.E11645 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address Post Office Box 371449		Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Pittsburgh State PA Zip Code 15250-7406	Purpose of Disbursement : UTILITIES 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. Adelphia		Transaction ID: 50407.E11684 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address Post Office Box 371449		Amount of Each Disbursement this Period 122.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : UTILITIES
City Pittsburgh State PA Zip Code 15250-7406	Purpose of Disbursement : UTILITIES 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) ▶	367.56
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50118.E11571 Date of Disbursement 01 / 13 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 503.06
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD	Candidate Name	SEE BELOW: CREDIT 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) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50118.E11576 Date of Disbursement 01 / 13 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period -1.44
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CREDIT BY FEDEX	Candidate Name	[MEMO ITEM] MEMO: : CREDIT BY FEDEX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 50118.E11573 Date of Disbursement 01 / 13 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 35.00
City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBERSHIP DUES	Candidate Name	[MEMO ITEM] MEMO: : MEMBERSHIP DUES
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) ▶	503.06
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50118.E11575 Date of Disbursement 01 / 13 / 2005	
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period -17.82	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement : CREDIT BY FEDEX	<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: : CREDIT BY FEDEX	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50118.E11572 Date of Disbursement 01 / 13 / 2005	
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 75.00	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement : MEMBERSHIP DUES	<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: : MEMBERSHIP DUES	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: 50118.E11577 Date of Disbursement 01 / 13 / 2005	
Mailing Address 115 Dry Road		Amount of Each Disbursement this Period 356.31	
City Oriskany State NY Zip Code 13424-	Purpose of Disbursement : POSTAGE/MAILING	<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/MAILING	

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: 50118.E11578 Date of Disbursement 01 / 13 / 2005	
Mailing Address 115 Dry Road		Amount of Each Disbursement this Period 28.82	
City Oriskany State NY Zip Code 13424-	Purpose of Disbursement : POSTAGE/MAILING	<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/MAILING	

Full Name (Last, First, Middle Initial) B. Original Grimaldis Restaurant		Transaction ID: 50118.E11574 Date of Disbursement 01 / 13 / 2005	
Mailing Address Bleecker Street		Amount of Each Disbursement this Period 27.19	
City Utica State NY Zip Code 13501-	Purpose of Disbursement : FUNDRAISING MEALS	<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: : FUNDRAISING MEALS	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 50317.E11623 Date of Disbursement 02 / 10 / 2005	
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 858.49	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement SEE BELOW: CREDIT CARD	<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) ▼	SEE BELOW: CREDIT CARD	

SUBTOTAL of Disbursements This Page (optional) ▶	858.49
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)

<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50317.E11624 Date of Disbursement 02 / 10 / 2005	
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period 10.00	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement : AEX LINKAGE FEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: : AEX LINKAGE FEE	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 50317.E11625 Date of Disbursement 02 / 10 / 2005	
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period -5.00	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement : CREDIT BY METRO ICE	<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: : CREDIT BY METRO ICE	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 50317.E11629 Date of Disbursement 02 / 10 / 2005	
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period -7.95	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement : CREDIT BY FEDEX	<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: : CREDIT BY FEDEX	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 50317.E11626 Date of Disbursement 02 / 10 / 2005
Mailing Address O, I, Bix 1279		Amount of Each Disbursement this Period -5.00
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement : CREDIT BY COSTCO 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : CREDIT BY COSTCO

Full Name (Last, First, Middle Initial) B. Costco Wholesale		Transaction ID: 50317.E11627 Date of Disbursement 02 / 10 / 2005
Mailing Address 1200 South Fern St.		Amount of Each Disbursement this Period 537.63
City Arlington State VA Zip Code 22202-	Purpose of Disbursement : RECEPTION ITEMS 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : RECEPTION ITEMS

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: 50317.E11630 Date of Disbursement 02 / 10 / 2005
Mailing Address 115 Dry Road		Amount of Each Disbursement this Period 158.90
City Oriskany State NY Zip Code 13424-	Purpose of Disbursement : POSTAGE/MAILING 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: : POSTAGE/MAILING

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Metropolitan Ice and Beverage		Transaction ID: 50317.E11628 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 5
Mailing Address 50 Florida Avenue NE		Amount of Each Disbursement this Period 169.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	[MEMO ITEM] MEMO: : RECEPTION ITEMS	
Purpose of Disbursement : RECEPTION ITEMS 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. ASAP Print Services		Transaction ID: 50317.E11638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 5012 Bunker Hill Road		Amount of Each Disbursement this Period 2272.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lincoln State NE Zip Code 68521-	FUNDRAISING/PRINTING/STATIONERY	
Purpose of Disbursement FUNDRAISING/PRINTING/STATIONERY 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. Nancy Bocskor		Transaction ID: 50125.E11596 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 3323 N. Washington Boulevard		Amount of Each Disbursement this Period 2010.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22201-	FUNDRAISING/CONSULTANT	
Purpose of Disbursement FUNDRAISING/CONSULTANT 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) ▶	4283.58
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Nancy Bocskor		Transaction ID: 50317.E11641 Date of Disbursement 02 / 24 / 2005
Mailing Address 3323 N. Washington Boulevard		Amount of Each Disbursement this Period 2068.24
City Arlington State VA Zip Code 22201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING/CONSULTANT	Candidate Name	FUNDRAISING/CONSULTANT
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. Marianne Boehlert		Transaction ID: 50125.E11594 Date of Disbursement 01 / 25 / 2005
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 1885.00
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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. Marianne Boehlert		Transaction ID: 50317.E11640 Date of Disbursement 02 / 24 / 2005
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 1885.00
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
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) ▶	5838.24
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Marianne Boehlert		Transaction ID: 50407.E11678 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2005	
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 1885.00	
City New Hartford State NY Zip Code 13413-	Purpose of Disbursement SALARY	<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) ▼	SALARY	

Full Name (Last, First, Middle Initial) B. Honorable Sherwood Boehlert		Transaction ID: 50125.E11591 Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2005	
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 530.00	
City New Hartford State NY Zip Code 13413-	Purpose of Disbursement REIMB: MEDIAL PUBLICATIONS	<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) ▼	REIMB: MEDIAL PUBLICATIONS	

Full Name (Last, First, Middle Initial) C. Honorable Sherwood Boehlert		Transaction ID: 50317.E11620 Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2005	
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 15.74	
City New Hartford State NY Zip Code 13413-	Purpose of Disbursement : REIMB: CONSTITUENT GIFT	<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) ▼	: REIMB: CONSTITUENT GIFT	

SUBTOTAL of Disbursements This Page (optional) ▶	2430.74
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 50317.E11618 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 350.00
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 ANNUAL MEMBERSHIP DUES	Candidate Name	ANNUAL MEMBERSHIP DUES
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. Capitol Hill Club		Transaction ID: 50317.E11650 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 149.40
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 : FUNDRAISING MEALS	Candidate Name	: FUNDRAISING MEALS
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. Cathy Blaney & Associates, Inc.		Transaction ID: 50317.E11617 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 355 Lexington Ave., Suite 1001		Amount of Each Disbursement this Period 264.79
City New York State NY Zip Code 10017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING/POSTAGE/MAILING	Candidate Name	FUNDRAISING/POSTAGE/MAILING
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) ▶	764.19
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 50111.E11562 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 60.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1496		
Purpose of Disbursement : TELEPHONE 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. Cingular Wireless		Transaction ID: 50125.E11586 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 97.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1496		
Purpose of Disbursement : TELEPHONE 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. Cingular Wireless		Transaction ID: 50317.E11600 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 60.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1496		
Purpose of Disbursement : TELEPHONE 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) ▶	218.53
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: 50317.E11637 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 97.40
City Baltimore State MD Zip Code 21297-1496	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	: TELEPHONE
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. Cingular Wireless		Transaction ID: 50317.E11646 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address P.O. Box 17496		Amount of Each Disbursement this Period 60.72
City Baltimore State MD Zip Code 21297-1496	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE Candidate Name	Category/Type	: TELEPHONE
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. Dogs R Us		Transaction ID: 50317.E11616 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 8329 Diane Lane		Amount of Each Disbursement this Period 4000.00
City Richmond State VA Zip Code 23227-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RECEPTION/MEALS Candidate Name	Category/Type	RECEPTION/MEALS
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) ▶	4158.12
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Dogs R Us		Transaction ID: 50317.E11672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 8329 Diane Lane		Amount of Each Disbursement this Period 1987.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23227-	FUNDRAISING RECEPTION MEALS Category/Type	
Purpose of Disbursement FUNDRAISING RECEPTION MEALS		
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. Fays Two		Transaction ID: 50118.E11566 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 5
Mailing Address P.O. Box 906, 701 Utica Street		Amount of Each Disbursement this Period 19.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oriskany State NY Zip Code 13424-	: MEDIA Category/Type	
Purpose of Disbursement : MEDIA		
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. Fort Schuyler Club		Transaction ID: 50125.E11590 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 254 Genesee Street		Amount of Each Disbursement this Period 1900.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13502-	RECEPTION Category/Type	
Purpose of Disbursement RECEPTION		
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) ▶	3906.33
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Transaction ID: 50118.E11579 Date of Disbursement	
Mailing Address Federal Building		<input type="text" value="01"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="05"/>	
City Cincinnati	State OH	Zip Code 45999-0047	
Purpose of Disbursement : FED. UNEMP. TAX		<input type="text" value="1.42"/>	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	: FED. UNEMP. TAX		

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: 50407.E11673 Date of Disbursement	
Mailing Address 1180 Veterans Memorial Highway		<input type="text" value="03"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="05"/>	
City Holtsville	State NY	Zip Code 00501-0030	
Purpose of Disbursement FEDERAL TAXES		<input type="text" value="1107.00"/>	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	FEDERAL TAXES		

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50118.E11567 Date of Disbursement	
Mailing Address 55 Elm Street		<input type="text" value="01"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="05"/>	
City Clinton	State NY	Zip Code 13323-	
Purpose of Disbursement : CUSTODIAL SERVICES		<input type="text" value="50.00"/>	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	: CUSTODIAL SERVICES		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1158.42"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Alice M. Jou		Transaction ID: 50118.E11568 Date of Disbursement 01 / 13 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL 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) ▼		Category/Type	

Full Name (Last, First, Middle Initial) B. Alice M. Jou		Transaction ID: 50125.E11581 Date of Disbursement 01 / 19 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL 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) ▼		Category/Type	

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50125.E11597 Date of Disbursement 01 / 25 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL 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) ▼		Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Alice M. Jou		Transaction ID: 50317.E11633 Date of Disbursement 02 / 24 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL 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) ▼		Category/ Type	

Full Name (Last, First, Middle Initial) B. Alice M. Jou		Transaction ID: 50317.E11648 Date of Disbursement 03 / 02 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL 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) ▼		Category/ Type	

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50317.E11651 Date of Disbursement 03 / 08 / 2005	
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00	
City Clinton State NY Zip Code 13323-	Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : CUSTODIAL 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) ▼		Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Alice M. Jou		Transaction ID: 50317.E11668 Date of Disbursement 03 / 17 / 2005
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NY Zip Code 13323-	Category/Type	
Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name		: CUSTODIAL 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) ▼	

Full Name (Last, First, Middle Initial) B. Alice M. Jou		Transaction ID: 50407.E11674 Date of Disbursement 03 / 22 / 2005
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NY Zip Code 13323-	Category/Type	
Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name		: CUSTODIAL 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) ▼	

Full Name (Last, First, Middle Initial) C. Alice M. Jou		Transaction ID: 50407.E11676 Date of Disbursement 03 / 30 / 2005
Mailing Address 55 Elm Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NY Zip Code 13323-	Category/Type	
Purpose of Disbursement : CUSTODIAL SERVICES Candidate Name		: CUSTODIAL 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) ▶	150.00
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Jacqueline Kussin		Transaction ID: 50125.E11595 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 1543.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NY Zip Code 13323-	Purpose of Disbursement SALARY Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) B. Jacqueline Kussin		Transaction ID: 50317.E11639 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 1543.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NY Zip Code 13323-	Purpose of Disbursement SALARY Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) C. Jacqueline Kussin		Transaction ID: 50407.E11677 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address 44 Kellogg Street		Amount of Each Disbursement this Period 1543.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NY Zip Code 13323-	Purpose of Disbursement SALARY Candidate Name <input type="text"/> Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	4631.13
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

**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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Sally Majka		Transaction ID: 50111.E11554 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address 7437 River Road		Amount of Each Disbursement this Period 27.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : REIMB: OFFICE SUPPLIES
City Rome State NY Zip Code 13440-	Purpose of Disbursement : REIMB: 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) B. Sally Majka		Transaction ID: 50125.E11593 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 7437 River Road		Amount of Each Disbursement this Period 734.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
City Rome State NY Zip Code 13440-	Purpose of Disbursement SALARY 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. Sally Majka		Transaction ID: 50317.E11610 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5
Mailing Address 7437 River Road		Amount of Each Disbursement this Period 366.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
City Rome State NY Zip Code 13440-	Purpose of Disbursement SALARY 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) ▶	1128.03
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. McCraughwood Enterprises, Inc.		Transaction ID: 50317.E11642 Date of Disbursement MM / DD / YYYY 02 / 24 / 2005
Mailing Address 8 Symphony Place		Amount of Each Disbursement this Period 600.00
City Whitesboro State NY Zip Code 13492-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT	Candidate Name	RENT
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. Mid-York Weekly & Pennysaver		Transaction ID: 50317.E11643 Date of Disbursement MM / DD / YYYY 03 / 02 / 2005
Mailing Address 221 Oriskany Plaza		Amount of Each Disbursement this Period 200.00
City Utica State NY Zip Code 13501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEDIA	Candidate Name	: MEDIA
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. Mohawk Valley Water Authority		Transaction ID: 50317.E11601 Date of Disbursement MM / DD / YYYY 02 / 02 / 2005
Mailing Address P.O. Box 98		Amount of Each Disbursement this Period 47.27
City Buffalo State NY Zip Code 14240-0098	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : UTILITIES	Candidate Name	: UTILITIES
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) ▶	847.27
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Niagara Mohawk		Transaction ID: 50125.E11587 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 300 Erie Boulevard West		Amount of Each Disbursement this Period 170.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13202-	Purpose of Disbursement : UTILITIES 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) ▼	: UTILITIES

Full Name (Last, First, Middle Initial) B. Niagara Mohawk		Transaction ID: 50317.E11631 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 5
Mailing Address 300 Erie Boulevard West		Amount of Each Disbursement this Period 146.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13202-	Purpose of Disbursement : UTILITIES 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) ▼	: UTILITIES

Full Name (Last, First, Middle Initial) C. Niagara Mohawk		Transaction ID: 50317.E11671 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 300 Erie Boulevard West		Amount of Each Disbursement this Period 132.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Syracuse State NY Zip Code 13202-	Purpose of Disbursement : UTILITIES 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) ▼	: UTILITIES

SUBTOTAL of Disbursements This Page (optional) ▶	449.93
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Northland Communications Group (N.C.G.)		Transaction ID: 50118.E11569 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 5
Mailing Address 9560 Main Street		Amount of Each Disbursement this Period 468.58
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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. Northland Communications Group (N.C.G.)		Transaction ID: 50317.E11622 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 9560 Main Street		Amount of Each Disbursement this Period 286.07
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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. Northland Communications Group (N.C.G.)		Transaction ID: 50317.E11663 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 9560 Main Street		Amount of Each Disbursement this Period 315.32
City Holland Patent State NY Zip Code 13354-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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) ▶

1069.97

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

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

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

FOR LINE NUMBER:
(check only one)

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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

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

NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50111.E11555 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 37.00
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD	Candidate Name	SEE BELOW: CREDIT 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) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster - DC		Transaction ID: 50111.E11556 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address Rayburn Post Office		Amount of Each Disbursement this Period 37.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE	Candidate Name	[MEMO ITEM] MEMO: : POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Platinum Plus for Business		Transaction ID: 50111.E11557 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 296.40
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD	Candidate Name	SEE BELOW: CREDIT 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) ▶	333.40
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. National America!		Transaction ID: 50111.E11559 Date of Disbursement 01 / 04 / 2005
Mailing Address Reagan National Airport		Amount of Each Disbursement this Period 29.40
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : RECEPTION ITEMS Candidate Name	Category/Type	[MEMO ITEM] MEMO: : RECEPTION ITEMS
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. Hummels Office Plus		Transaction ID: 50111.E11560 Date of Disbursement 01 / 04 / 2005
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 218.45
City Herkimer State NY Zip Code 13350-	<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	[MEMO ITEM] MEMO: : OFFICE SUPPLIES
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. Hummels Office Plus		Transaction ID: 50111.E11561 Date of Disbursement 01 / 04 / 2005
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 32.37
City Herkimer State NY Zip Code 13350-	<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	[MEMO ITEM] MEMO: : OFFICE SUPPLIES
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)

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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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Ritz Camera Center		Transaction ID: 50111.E11558 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 5
Mailing Address Sangertown Square		Amount of Each Disbursement this Period 16.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Hartford State NY Zip Code 13413-	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) ▼	[MEMO ITEM] MEMO: : OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) B. Platinum Plus for Business		Transaction ID: 50317.E11605 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 690.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5469	Purpose of Disbursement SEE BELOW: CREDIT CARD 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) ▼	SEE BELOW: CREDIT CARD

Full Name (Last, First, Middle Initial) C. US Postal Service		Transaction ID: 50317.E11606 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address 3920 Oneida Street		Amount of Each Disbursement this Period 690.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington Mills State NY Zip Code 13479-	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) ▼	[MEMO ITEM] MEMO: : POSTAGE

SUBTOTAL of Disbursements This Page (optional) ▶	690.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Platinum Plus for Business		Transaction ID: 50317.E11603 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington	State DE	
Zip Code 19886-5469	Purpose of Disbursement SEE BELOW: CREDIT CARD	SEE BELOW: CREDIT CARD
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. Platinum Plus for Business		Transaction ID: 50317.E11604 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington	State DE	
Zip Code 19886-5469	Purpose of Disbursement : MEMBERSHIP DUES	[MEMO ITEM] MEMO: : MEMBERSHIP DUES
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. Platinum Plus for Business		Transaction ID: 50317.E11658 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 114.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington	State DE	
Zip Code 19886-5469	Purpose of Disbursement SEE BELOW: CREDIT CARD	SEE BELOW: CREDIT CARD
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) ▶	144.29
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. House Gift Shop		Transaction ID: 50317.E11660 Date of Disbursement 03 / 08 / 2005
Mailing Address US House of Representatives		Amount of Each Disbursement this Period 108.00
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CONSTITUENT GIFTS Candidate Name	Category/Type	[MEMO ITEM] MEMO: : CONSTITUENT GIFTS
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. U.S. Postmaster - DC		Transaction ID: 50317.E11659 Date of Disbursement 03 / 08 / 2005
Mailing Address Rayburn Post Office		Amount of Each Disbursement this Period 6.29
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE Candidate Name	Category/Type	[MEMO ITEM] MEMO: : POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Platinum Plus for Business		Transaction ID: 50317.E11652 Date of Disbursement 03 / 08 / 2005
Mailing Address Post Office Box 15469		Amount of Each Disbursement this Period 2740.15
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SEE BELOW: CREDIT CARD Candidate Name	Category/Type	SEE BELOW: CREDIT 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) ▶	2740.15
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)

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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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Ann Hand Collection		Transaction ID: 50317.E11654 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 4619 Charleston Terrace		Amount of Each Disbursement this Period 63.00
City Washington State DC Zip Code 20007-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : CONSTITUENT GIFTS Candidate Name	Category/Type	[MEMO ITEM] MEMO: : CONSTITUENT GIFTS
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. Hummels Office Plus		Transaction ID: 50317.E11655 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 310.61
City Herkimer State NY Zip Code 13350-	<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	[MEMO ITEM] MEMO: : OFFICE SUPPLIES
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. Hummels Office Plus		Transaction ID: 50317.E11657 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 351		Amount of Each Disbursement this Period 205.47
City Herkimer State NY Zip Code 13350-	<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	[MEMO ITEM] MEMO: : OFFICE SUPPLIES
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Rawlings Sporting Goods		Transaction ID: 50317.E11656	
Mailing Address PO Box 22000		Date of Disbursement 03 / 08 / 2005	
City Saint Louis	State MO	Zip Code 63126-	Amount of Each Disbursement this Period 1606.07
Purpose of Disbursement : FUNDRAISING ITEMS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		[MEMO ITEM] MEMO: : FUNDRAISING ITEMS	
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. US Postal Service		Transaction ID: 50317.E11653	
Mailing Address 3920 Oneida Street		Date of Disbursement 03 / 08 / 2005	
City Washington Mills	State NY	Zip Code 13479-	Amount of Each Disbursement this Period 555.00
Purpose of Disbursement : POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		[MEMO ITEM] MEMO: : POSTAGE	
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. Ridgewood		Transaction ID: 50317.E11608	
Mailing Address 2514 Oneida Street		Date of Disbursement 02 / 02 / 2005	
City Utica	State NY	Zip Code 13501-	Amount of Each Disbursement this Period 550.00
Purpose of Disbursement RENT		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		RENT	
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)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Ridgewood Food Market		Transaction ID: 50317.E11667 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 2514 Oneida Street		Amount of Each Disbursement this Period 13.26
City Utica State NY Zip Code 13501-	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ridgewood Food Market		Transaction ID: 50407.E11679 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address 2514 Oneida Street		Amount of Each Disbursement this Period 28.53
City Utica State NY Zip Code 13501-	<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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Renee Shevat		Transaction ID: 50407.C14648IK Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address 102 Gale Drive		Amount of Each Disbursement this Period 600.00
City Cobleskill State NY Zip Code 12043-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Candidate Name	Category/Type	IN KIND:
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) ▶	641.79
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. T. C. Peters Printing Inc.		Transaction ID: 50317.E11662 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 2336 W. Whitesboro Street		Amount of Each Disbursement this Period 151.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13502-	Purpose of Disbursement : STATIONERY 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) ▼	: STATIONERY

Full Name (Last, First, Middle Initial) B. T. C. Peters Printing Inc.		Transaction ID: 50317.E11670 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 2336 W. Whitesboro Street		Amount of Each Disbursement this Period 243.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13502-	Purpose of Disbursement STATIONERY 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) ▼	STATIONERY

Full Name (Last, First, Middle Initial) C. The Bank of Utica		Transaction ID: 50317.E11609 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5
Mailing Address 222 Genesee Street		Amount of Each Disbursement this Period 1825.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13502-	Purpose of Disbursement FEDERAL WITHHOLDING TAX 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) ▼	FEDERAL WITHHOLDING TAX

SUBTOTAL of Disbursements This Page (optional) ▶	2219.85
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. The Bank of Utica		Transaction ID: 50317.E11666 Date of Disbursement
Mailing Address 222 Genesee Street		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2005"/>
City Utica	State NY	Zip Code 13502-
Purpose of Disbursement FEDERAL WITHHOLDING TAX	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1622.40"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEDERAL WITHHOLDING TAX
State: District:		

Full Name (Last, First, Middle Initial) B. The New York Susquehanna Railway Corp		Transaction ID: 50317.E11615 Date of Disbursement
Mailing Address 1 Railroad Avenue		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2005"/>
City Cooperstown	State NY	Zip Code 13326-
Purpose of Disbursement POLITICAL RECEPTION/MEALS	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="9050.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POLITICAL RECEPTION/MEALS
State: District:		

Full Name (Last, First, Middle Initial) C. The Speakers Corner		Transaction ID: 50317.E11644 Date of Disbursement
Mailing Address 152 Tuckahoe Street		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2005"/>
City Shelton	State CT	Zip Code 06484-
Purpose of Disbursement FUNDRAISING/SPEAKER	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="4500.00"/>
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING/SPEAKER
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15172.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. The Speakers Corner		Transaction ID: 50317.E11661 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 152 Tuckahoe Street		Amount of Each Disbursement this Period 158.40
City Shelton State CT Zip Code 06484-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : FUNDRAISING SPEAKER TRAVE Candidate Name		: FUNDRAISING SPEAKER TR-AVE
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. The State Insurance Fund, Workers Comp.		Transaction ID: 50317.E11611 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 5
Mailing Address P.O. Box 4788		Amount of Each Disbursement this Period 21.47
City Syracuse State NY Zip Code 13221-4788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : INSURANCE PREMIUM Candidate Name		: INSURANCE PREMIUM
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. The State Insurance Fund, Workers Comp.		Transaction ID: 50317.E11632 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 5
Mailing Address P.O. Box 4788		Amount of Each Disbursement this Period 30.20
City Syracuse State NY Zip Code 13221-4788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : INSURANCE PREMIUM Candidate Name		: INSURANCE PREMIUM
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) ▶	210.07
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Tioga County Courier		Transaction ID: 50317.E11669 Date of Disbursement MM / DD / YYYY 03 / 17 / 2005
Mailing Address 59 Church Street		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : MEDIA
City Owego State NY Zip Code 13827-		
Purpose of Disbursement : MEDIA 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. U.S. Capital Historical Society		Transaction ID: 50111.E11563 Date of Disbursement MM / DD / YYYY 01 / 04 / 2005
Mailing Address 200 Maryland Avenue, NE		Amount of Each Disbursement this Period 2550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING/MAILING
City Washington State DC Zip Code 20002-		
Purpose of Disbursement PRINTING/MAILING 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. U. S. Postmaster		Transaction ID: 50125.E11584 Date of Disbursement MM / DD / YYYY 01 / 25 / 2005
Mailing Address 40 Campion Road		Amount of Each Disbursement this Period 136.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : P.O. BOX ANNUAL RENTAL FE
City New Hartford State NY Zip Code 13413-		
Purpose of Disbursement : P.O. BOX ANNUAL RENTAL FE 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) ▶	2736.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. USPS		Transaction ID: 50317.E11598 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 5
Mailing Address 437 LEnfant Plaza, S.W.		Amount of Each Disbursement this Period 740.00
City Washington State DC Zip Code 20026-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 50317.E11599 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 5
Mailing Address Post Office Box 1100		Amount of Each Disbursement this Period 37.76
City Albany State NY Zip Code 12250-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POSTAGE	Candidate Name	: POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 50317.E11647 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address Post Office Box 1100		Amount of Each Disbursement this Period 37.58
City Albany State NY Zip Code 12250-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TELEPHONE	Candidate Name	: TELEPHONE
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) ▶	815.34
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50125.E11582 Date of Disbursement 01 / 25 / 2005	
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 28.69	
City Newark State NJ Zip Code 07101-	Purpose of Disbursement : UTILITIES 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) ▼		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 50125.E11583 Date of Disbursement 01 / 25 / 2005	
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 53.70	
City Newark State NJ Zip Code 07101-	Purpose of Disbursement : TELEPHONE 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) ▼		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 50317.E11636 Date of Disbursement 02 / 24 / 2005	
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 53.70	
City Newark State NJ Zip Code 07101-	Purpose of Disbursement : TELEPHONE 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	136.09
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50317.E11635 Date of Disbursement MM / DD / YYYY 02 / 24 / 2005
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 29.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Newark State NJ Zip Code 07101-	Purpose of Disbursement : TELEPHONE 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. Verizon Wireless		Transaction ID: 50118.E11570 Date of Disbursement MM / DD / YYYY 01 / 13 / 2005
Mailing Address P.O.Box 17464		Amount of Each Disbursement this Period 107.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement : TELEPHONE 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. Verizon Wireless		Transaction ID: 50317.E11621 Date of Disbursement MM / DD / YYYY 02 / 08 / 2005
Mailing Address P.O.Box 17464		Amount of Each Disbursement this Period 106.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 : TELEPHONE
City Baltimore State MD Zip Code 21297-1464	Purpose of Disbursement : TELEPHONE 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) ▶	244.04
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)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 50317.E11649
Mailing Address P.O.Box 17464		Date of Disbursement MM / DD / YYYY 03 / 08 / 2005
City Baltimore	State MD	Zip Code 21297-1464
Purpose of Disbursement : TELEPHONE		Amount of Each Disbursement this Period 106.80
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: TELEPHONE
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. Zurich American Insurance Company		Transaction ID: 50407.E11675
Mailing Address 8723 Innovation way		Date of Disbursement MM / DD / YYYY 03 / 22 / 2005
City Chicago	State IL	Zip Code 60682-
Purpose of Disbursement : INSURANCE		Amount of Each Disbursement this Period 189.60
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	: INSURANCE
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ►

296.40

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

59993.41

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Utica Chapter American Red Cross		Transaction ID: 50317.E11664 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 5
Mailing Address 1415 Genesee Street		Amount of Each Disbursement this Period 100.00
City Utica State NY Zip Code 13501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : YEARBOOK AD Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Honorable Sherwood Boehlert		Transaction ID: 50125.E11592 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 20 Stonebridge Road		Amount of Each Disbursement this Period 145.00
City New Hartford State NY Zip Code 13413-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : REIMB: EVENT TICKETS Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Cayuga County Womens Republican Club		Transaction ID: 50317.E11613 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address P.O. Box 1116		Amount of Each Disbursement this Period 100.00
City Auburn State NY Zip Code 13021-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : POLITICAL CONTRIBUTION Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

345.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Cortland County Republican Committee		Transaction ID: 50407.E11680 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 5522		Amount of Each Disbursement this Period 400.00
City Cortland State NY Zip Code 13045-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEMBERSHIP DUES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ilion Fish & Game Club		Transaction ID: 50125.E11588 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 10.00
City Ilion State NY Zip Code 13357-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : MEMBERSHIP DUES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ilion Fish & Game Club		Transaction ID: 50125.E11589 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 20.00
City Ilion State NY Zip Code 13357-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement : TICKETS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	430.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. New Hartford Volunteer Fire Department		Transaction ID: 50407.E11683 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address P.O. Box 328, 4 Oxford Road		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Hartford State NY Zip Code 13413-	Purpose of Disbursement : CHARITABLE CONTRIBUTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. New York State Conservation Council		Transaction ID: 50317.E11612 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 8 E. Main Street		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ilion State NY Zip Code 13357-	Purpose of Disbursement : MEMBERSHIP RENEWAL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Oneida County Republican Committee		Transaction ID: 50317.E11634 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 5
Mailing Address 1750 Genesee Street		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13502-	Purpose of Disbursement : POLITICAL MEMBERSHIP Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	635.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Ontario County Republican Committee		Transaction ID: 50407.E11681 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address 493 South Main Street, Suite 11		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Canandaigua State NY Zip Code 14424-	Purpose of Disbursement: MEMBERSHIP DUES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Otsego County Yearbook Committee		Transaction ID: 50317.E11614 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address Buckhorn Lake 7A		Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Unadilla, State NY Zip Code 13849-	Purpose of Disbursement: YEARBOOK AD Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Republican 100,000 Club of OC		Transaction ID: 50125.E11585 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 5
Mailing Address 6 Steuben Park		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13501-	Purpose of Disbursement: MEMBERSHIP DUES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	640.00
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 type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. Republican Congressional Spouses		Transaction ID: 50118.E11565 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 5
Mailing Address 2336 South Queen Street		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22202-	Purpose of Disbursement : MEMBERSHIP DUES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Tuesday Group		Transaction ID: 50317.E11619 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 5
Mailing Address 1233 Longworth HOB		Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	Purpose of Disbursement : ANNUAL MEMBERSHIP Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. Utica Boilermaker Race		Transaction ID: 50407.E11682 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 5
Mailing Address 114 Genesee Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13504-	Purpose of Disbursement : YEARBOOK AD Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	435.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

A. Full Name (Last, First, Middle Initial)
Zonta Club of Utica

Mailing Address 2037 Tilden Avenue

City New Hartford State NY Zip Code 13413-

Purpose of Disbursement : YEARBOOK AD

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 50317.E11665

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	0	5

Amount of Each Disbursement this Period

50.00

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

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

2535.00

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

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NAME OF COMMITTEE (In Full)
Friends of Sherwood Boehlert

Full Name (Last, First, Middle Initial) A. AGC PAC Assoc. Gen. Contractors of Ameri		Transaction ID: 50111.E11564
Mailing Address 53D Street, S.E.		Date of Disbursement MM / DD / YYYY 01 / 04 / 2005
City Washington	State DC	Amount of Each Disbursement this Period 1000.00
Zip Code 20003-		
Purpose of Disbursement Refund of Contribution Refund of Contrib		<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	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	
State: District:		

Full Name (Last, First, Middle Initial) B. GenCorp Political Action Committee		Transaction ID: 50317.E11607
Mailing Address P.O. Box 13222		Date of Disbursement MM / DD / YYYY 02 / 02 / 2005
City Sacramento	State CA	Amount of Each Disbursement this Period 1000.00
Zip Code 95813-6000		
Purpose of Disbursement Refund of Contribution Refund of Contrib		<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	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary - 2006	
State: District:		

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