

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 588 OF 653	
	<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 Schumer

Full Name (Last, First, Middle Initial) <b>A. Blue Cross Blue Shield</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2015
Mailing Address PO Box 659806		Amount of Each Disbursement this Period 459.13 Transaction ID : D562579
City San Antonio	State TX	
Purpose of Disbursement Health Insurance		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Charles M. Brain</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 1579 Forest Villa Ln.		Amount of Each Disbursement this Period 500.00 Transaction ID : D562599
City McLean	State VA	
Purpose of Disbursement Reception Cost - Catering		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

\* In-Kind Received

Full Name (Last, First, Middle Initial) <b>C. Nicholas Kutryb</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 455 W 37th Street Apt 2208		Amount of Each Disbursement this Period 33.83 Transaction ID : D547259
City New York	State NY	
Purpose of Disbursement Travel Reimbursement, See Below if Itemized		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	992.96
<b>TOTAL</b> This Period (last page this line number only).....	

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