

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
Steve Israel For Congress Committee

ADDRESS (number and street) PO Box 777
 Check if different than previously reported. (ACC)
Deer Park NY 11729

2. **FEC IDENTIFICATION NUMBER** C00358952
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 02

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 04 01 2005 through 06 30 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 Schleifer Joel

Signature of Treasurer Electronically Filed by Schleifer Joel Date 03 30 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Steve Israel For Congress Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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)).....	202475.43	436392.83
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	202475.43	431142.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	88647.23	231398.41
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	150.42
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	88647.23	231247.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	772157.81	
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

Write or Type Committee Name
Steve Israel For Congress Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	6

D	D
3	0

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).....

115900.00

250550.00

(ii) Unitemized.....

2458.06

8769.00

(iii) TOTAL of contributions

118358.06

259319.00

from individuals..... ▶

11.37

17.83

(b) Political Party Committees.....

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

84106.00

177056.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

202475.43

436392.83

(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

150.42

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

0.00

767.07

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

202475.43

437310.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88647.23	231398.41
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	5250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5250.00
21. OTHER DISBURSEMENTS.....	27100.65	196653.21
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	115747.88	433301.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	685430.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	202475.43
25. SUBTOTAL (add Line 23 and Line 24).....	887905.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	115747.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	772157.81

**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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. David Avital

Mailing Address MTP Investment Group
20 West 46th Street

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
MTP INVESTMENT GROUP Self

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8400

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address MTP Investment Group
20 West 46th Street

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
MTP INVESTMENT GROUP Self

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8401

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 767 3rd Avenue
28th Floor

City State Zip Code
New York NY 10017

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

Name of Employer Occupation
SINGER BASSUK ORGANIZATION President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2005

Transaction ID: C8283

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 5200.00

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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Joan Bernhard

Mailing Address 22 Cedar Lane

City State Zip Code
Port Washington NY 11050

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2005

Transaction ID: C8314

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Gene M. Bernstein

Mailing Address 28 E 70th St Apt 12

City State Zip Code
New York NY 10021-4948

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

Name of Employer Northville Industries Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8307

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Harold S. Berzow

Mailing Address 15 Acorn Lane

City State Zip Code
Plainview NY 11803

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

Name of Employer SELF EMPLOYED Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2005

Transaction ID: C8310

Amount of Each Receipt this Period
250.00

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 7 / 145
	<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)
Steve Israel For Congress Committee

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

Mailing Address 5900 Whaleboat Drive

City Clarksville State MD Zip Code 21029

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

Name of Employer retired Occupation retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8393

Amount of Each Receipt this Period
900.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Michelle Bratsafolis

Mailing Address 440 West End Ave Apt 4B

City New York State NY Zip Code 10024-5358

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8206

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Michelle Bratsafolis

Mailing Address 440 West End Ave Apt 4B

City New York State NY Zip Code 10024-5358

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

Name of Employer Homemaker Occupation homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8207

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	5100.00
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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Nicholas A. Bratsafolis

Mailing Address 440 West End Avenue APT 4B

City State Zip Code
New York NY 10024

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

Name of Employer Refinance.com Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: C8204

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Nicholas A. Bratsafolis

Mailing Address 440 West End Avenue APT 4B

City State Zip Code
New York NY 10024

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

Name of Employer Refinance.com Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

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

Transaction ID: C8205

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Jill Braufman

Mailing Address 10 Gracie Square # 4A

City State Zip Code
New York NY 10028

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 5

Transaction ID: C8214

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	6300.00
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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Jill Braufman

Mailing Address 10 Gracie Square # 4A

City State Zip Code
New York NY 10028

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 5

Transaction ID: C8215

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Mr. George Brecher

Mailing Address 622 Warwick Avenue

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Slef Employed Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: C8384

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Dorothy Breslin

Mailing Address 500 Old Country Road

City State Zip Code
Garden City NY 11530

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

Name of Employer NONE Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C8279

Amount of Each Receipt this Period
2100.00

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: (check only one)	PAGE 10 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Dorothy Breslin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 500 Old Country Road		Transaction ID: C8280
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer NONE Occupation Homemaker	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) B. Mr. Wilbur F. Breslin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address Breslin Realty Devolpment 500 Old Country Road		Transaction ID: C8281
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Breslin Realty Occupation CEO	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) C. Mr. Wilbur F. Breslin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address Breslin Realty Devolpment 500 Old Country Road		Transaction ID: C8282
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Breslin Realty Occupation CEO	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 4200.00		

SUBTOTAL of Receipts This Page (optional) ▶	6300.00
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 / 145
	<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)
Steve Israel For Congress Committee

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

Mailing Address 20 Covos Run

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
JEC Consulting Corp consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2005

Transaction ID: C8320

Amount of Each Receipt this Period
2100.00

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

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

Mailing Address 20 Covos Run

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
JEC Consulting Corp consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2005

Transaction ID: C8321

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Madelyn Clooney

Mailing Address JEC Consulting Corp
120 Darrow Lane

City State Zip Code
Greenlawn NY 11710

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

Name of Employer Occupation
JEC Consulting corp consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8244

Amount of Each Receipt this Period
1800.00

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 12 / 145
	(check only one)
<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"/>	<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)
Steve Israel For Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Ivy Cohen</p> <p>Mailing Address 45 West 60th Street</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Corporate Communications Occupation PR</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005</p> <p>Transaction ID: C8378</p> <p>Amount of Each Receipt this Period 250.00</p> <p><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) Mr. Donald Cooper</p> <p>Mailing Address 104 Birch Drive</p> <p>City State Zip Code Belle Vernon PA 15012-3608</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Advanced Acoustics Occupation executive</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005</p> <p>Transaction ID: C8391</p> <p>Amount of Each Receipt this Period 500.00</p> <p><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) Mr. Thomas A. Datre</p> <p>Mailing Address TOM DATRE & SONS 2 Aymar Court</p> <p>City State Zip Code East Islip NY 11730</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer TOM DATRE & SONS Occupation General Contractor</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2005</p> <p>Transaction ID: C8187</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. William V. De Morris, III

Mailing Address 2 State Lane

City State Zip Code
Levittown NY 11756

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

Name of Employer Homebridge Mortgage Bankers
Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8200

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Kenneth Delco

Mailing Address 24 Maple Rd.

City State Zip Code
Setauket NY 11733

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2005

Transaction ID: C8241

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 100 Oak Street

City State Zip Code
Cutchoque NY 11935

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

Name of Employer Stidd Systems
Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2005

Transaction ID: C8218

Amount of Each Receipt this Period
1500.00

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 14 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Matthew Dollinger		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 26 W. Broadway		Transaction ID: C8267
City State Zip Code Long Beach NY 11561	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation attorney Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mr. David Epstein		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 130 West 67th street Apt 11G		Transaction ID: C8380
City State Zip Code New York NY 10023	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Leslie F. Fastenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 92 Wheatley Road		Transaction ID: C8402
City State Zip Code Old Westbury NY 11568	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer None Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Homemaker Election Cycle-to-Date ▼ 250.00	

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: PAGE 15 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Lori Fein

Mailing Address 5 Greenway

City State Zip Code
Roslyn NY 11576

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

Name of Employer self Occupation
self attorney

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8383

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Joseph A. Ferrara

Mailing Address 2060 9th Avenue

City State Zip Code
Ronkonkoma NY 11779

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

Name of Employer QUALITY KING HEALTHCARE Occupation
Manager

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8306

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Daniel B. Fisher

Mailing Address 31 Ava Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Information Requested Occupation
Information Requested

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8305

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Patrick J Foye

Mailing Address PO Box 2051

City State Zip Code
Port Washington NY 11050

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2005

Transaction ID: C8263

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Walter Gezari

Mailing Address Stidd Systems
PO Box 87

City State Zip Code
Greenport NY 11944-0087

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

Name of Employer STIDD SYSTEMS INC Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2005

Transaction ID: C8221

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Sheldon M. Goldstein

Mailing Address 190 Willis Avenue

City State Zip Code
Mineola NY 11501

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

Name of Employer MELTZER LIPPE GOLDSTEIN Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2005

Transaction ID: C8262

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Ann Gottlieb

Mailing Address 270-10 Grand Central Parkway
Apt. 12V

City State Zip Code
Floral Park NY 11005-1112

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

Name of Employer Occupation
None Retired

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

500.00

Date of Receipt

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

Transaction ID: C8311

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Norma Grill

Mailing Address PO Box 24

City State Zip Code
Glen Head NY 11545

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

Name of Employer Occupation
SELF EMPLOYED Attorney

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

1000.00

Date of Receipt

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

Transaction ID: C8399

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Claire Guthrie

Mailing Address 12250 Breckenridge Lane

City State Zip Code
Woodbridge VA 22192

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

Name of Employer Occupation
Advanced Acoustics executive

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

1000.00

Date of Receipt

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

Transaction ID: C8389

Amount of Each Receipt this Period
1000.00

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 18 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Ira Halperin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 39 High Pasture Road		Transaction ID: C8261
City State Zip Code Dix Hills NY 11746	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer self employed	Occupation attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Gerald P. Halpern		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 20 Canterbury Rd. Apt. 3P		Transaction ID: C8272
City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SELF EMPLOYED	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Cece Haydock		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 36 Overlook Road		Transaction ID: C8398
City State Zip Code Locust Valley NY 11560	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self	Occupation landscape architect	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. William B Hellman

Mailing Address 900 Pillow Drive

City State Zip Code
Virginia Beach VA 23454

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

Name of Employer Skidd Systems Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2005

Transaction ID: C8217

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Mrs. Vicki Herson

Mailing Address 8709 Burning Tree Road

City State Zip Code
Bethesda MD 20817

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

Name of Employer us govt. Occupation legislative aide

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2005

Transaction ID: C10419

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Stephen Hess

Mailing Address 1615 Northern Boulevard

City State Zip Code
Manhasset NY 11030

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

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2005

Transaction ID: C8269

Amount of Each Receipt this Period
250.00

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 20 / 145
	<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)
Steve Israel For Congress Committee

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

Mailing Address 7001 Brush Hollow Road

City State Zip Code
Westbury NY 11590

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

Name of Employer Occupation
KALED MANAGEMENT CORP President

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

250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8194

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Eva R. Kaplan

Mailing Address 5 Saddle Court

City State Zip Code
Oyster Bay Cove NY 11771

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

Name of Employer Occupation
Information Requested Information Requested

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

250.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2005

Transaction ID: C8322

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 22 Cabriolet Lane

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
Slef Employed Attorney

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

250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8382

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Anita Kaufman

Mailing Address 269-10 Grand Central Pkwy
Apt # 26-V

City State Zip Code
Floral Park NY 11005

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

Name of Employer Occupation
None Retired

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

250.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2005

Transaction ID: C8268

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 39 Westcliff Drive

City State Zip Code
Mount Sinai NY 11766

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

Name of Employer Occupation
Hometrust Mortgage Bankers executive

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

1000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8199

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Alan J. Kristel

Mailing Address 900 Grand Blvd.

City State Zip Code
Deer Park NY 11729

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

Name of Employer Occupation
Information Requested Information Requested

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

2000.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2005

Transaction ID: C8237

Amount of Each Receipt this Period
2000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Ira B. Kristel		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address 1185 Park Ave., Apt. 11L		Transaction ID: C8239	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Ms. Mindy Kristel		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address 1185 Park Ave., Apt. 11 L		Transaction ID: C8238	
City State Zip Code New York NY 10128		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Information Requested Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Steven Kristel		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address 75 Cove Run		Transaction ID: C8235	
City State Zip Code Syosset NY 11791		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer COMMERCIAL ENVELOPE Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Envelope Manufacturer Election Cycle-to-Date ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steven Kristel

Mailing Address 75 Cove Run

City State Zip Code
Syosset NY 11791

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

Name of Employer
COMMERCIAL ENVELOPE

Occupation
Envelope Manufacturer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2005

Transaction ID: C9152

Amount of Each Receipt this Period
1900.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Norma Kroger

Mailing Address 23 Dover Court

City State Zip Code
Stafford VA 22554

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

Name of Employer
Advanced Acoustics

Occupation
manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8392

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. John J. Kuriger

Mailing Address 4 Gary Place

City State Zip Code
Huntington NY 11743-6406

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

Name of Employer
Hometrust Mortgage Bankers

Occupation
executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8209

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	3900.00
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 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Marvin Lindner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1161 Meadowbrook Road		Transaction ID: C8277
City State Zip Code Merrick NY 11566	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. Marvin Lindner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 1161 Meadowbrook Road		Transaction ID: C8278
City State Zip Code Merrick NY 11566	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Retired	Occupation Retired	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Mr. Richard Lippe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 9 Nome Drive		Transaction ID: C8270
City State Zip Code Woodbury NY 11797	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer MELTZER LIPPE GOLDSTEIN	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Steve Lovell

Mailing Address 18 Lighthouse Road

City State Zip Code
Sands Point NY 11050

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

Name of Employer Occupation
Lovell Safety Management president

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8242

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Chris Marotta

Mailing Address 3075 W. Creek Ave.

City State Zip Code
Cutchoque NY 11935

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

Name of Employer Occupation
Stidd Systems executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2005

Transaction ID: C8216

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Ms. Valerie McCarthy

Mailing Address 79 Romana Road

City State Zip Code
Hampton Bays NY 11946

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2005

Transaction ID: C8316

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Gary M. Meltzer

Mailing Address MELTZER LIPPE GOLDSTEIN & BREITSTO
190 Willis Avenue

City Mineola State NY Zip Code 11501

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

Name of Employer MELTZER LIPPE GOLDSTEIN & BREITSTO Occupation Attorney

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C8275

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Lewis S. Meltzer

Mailing Address 190 Willis Avenue

City Mineola State NY Zip Code 11501

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

Name of Employer MELTZER LIPPE GOLDSTEIN Occupation Attorney

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

4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C8274

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Lewis S. Meltzer

Mailing Address 190 Willis Avenue

City Mineola State NY Zip Code 11501

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

Name of Employer MELTZER LIPPE GOLDSTEIN Occupation Attorney

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

4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C8273

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5200.00**

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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Wayne A. Muller

Mailing Address 31 Old Town Lane

City State Zip Code
Huntington NY 11743

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

Name of Employer Occupation
RMS ENGINEERING Vice President

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2005

Transaction ID: C8266

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 869 Cedar Swamp Road

City State Zip Code
Brookville NY 11545

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

Name of Employer Occupation
Law Office of Yale Murov office manager

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8246

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Daniel Nir

Mailing Address 10 Gracie Square Apt 4A

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
GRACIE CAPITAL Portfolio Manager

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

4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 17 / 2005

Transaction ID: C8212

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	2850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Daniel Nir

Mailing Address 10 Gracie Square
Apt 4A

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
GRACIE CAPITAL Portfolio Manager

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

4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 17 / 2005

Transaction ID: C8213

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Starla Olsen

Mailing Address 120-27 George Farm Drive

City State Zip Code
Lovettsville VA 20180

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

Name of Employer Occupation
Advanced Acoustics executive

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

2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8390

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
Starla Olsen

Mailing Address 120-27 George Farm Drive

City State Zip Code
Lovettsville VA 20180

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

Name of Employer Occupation
Advanced Acoustics executive

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

2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8395

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4600.00**

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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Palmieri

Mailing Address 1901 New Hyde Park Road

City State Zip Code
New Hyde Park NY 11040

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

Name of Employer SELF EMPLOYED Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8303

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 11 Hofstra Drive

City State Zip Code
Plainview NY 11803

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

Name of Employer Hombridge Mortgage Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2005

Transaction ID: C8208

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Richard W. Perry

Mailing Address 830 Clearview Road

City State Zip Code
Southold NY 11971

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

Name of Employer Stidd Systems Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2005

Transaction ID: C8220

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	3750.00
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 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Gary Pillersdorf		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 225 Broadway Suite 1000		Transaction ID: C8377
City State Zip Code New York NY 10007	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Gary Pillersdorf and Associates LL	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Sean Rose		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 8 / 2 0 0 5
Mailing Address Clare Rose Inc 72 Clare Rose Blvd.		Transaction ID: C8184
City State Zip Code Patchogue NY 11772	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer CLARE ROSE INC	Occupation Sales Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Mr. Brett Rosenblatt		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 5
Mailing Address Effective Media 60 Oak Drive		Transaction ID: C8202
City State Zip Code Syosset NY 11791	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Effective Media	Occupation Public relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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: PAGE 31 / 145 (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
--	--

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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial) Ms. Rebecca Kates Rothenberg Mailing Address 2 Cordwainer Lane City State Zip Code Lloyd Harbor NY 11743 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2005 Transaction ID: C8232 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested Occupation Information Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

B. Full Name (Last, First, Middle Initial) Mr. Stanley J. Sanders Mailing Address 9 Copperfield Lane City State Zip Code Old Westbury NY 11568 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2005 Transaction ID: C8319 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer SANDERS SANDERS BLOCK & WOYCIK Occupation Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00

C. Full Name (Last, First, Middle Initial) Mr. J. Mark Schapiro Mailing Address 17 W Pennsylvania Ave 5th Fl City State Zip Code Towson MD 21204 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2005 Transaction ID: C8284 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer COMMERCIAL REALTY Occupation Property Management Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Audrey Schein

Mailing Address Crescent Beach Road

City State Zip Code
Glen Cove NY 11542

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

Name of Employer None Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8245

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Russell Silver

Mailing Address 1025 Melissa Lane

City State Zip Code
North Bellmore NY 11710

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

Name of Employer Hometrust Mortgage Bankers Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8201

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Gregg B. Solomon

Mailing Address 105 Milburn Lane

City State Zip Code
Roslyn Heights NY 11577

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

Name of Employer Hometrust Mortgage Bankers Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8203

Amount of Each Receipt this Period
1000.00

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 33 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Joseph L Tarulli, Sr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 52 First Street		Transaction ID: C8243
City State Zip Code Garden City NY 11530	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Country Carling Occupation recycling/trucking		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Ms. Marilyn Thypin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5
Mailing Address 400 East 56 Street Apt. 25H		Transaction ID: C8381
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer retired Occupation retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Mark Troiano		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5
Mailing Address 11 Seacrest Drive		Transaction ID: C8276
City State Zip Code Lloyd Neck NY 11743	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer SOUTH SHORE WASTE CORP Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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 34 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Jay R. Vidars		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2005	
Mailing Address 49A Dunlop Road		Transaction ID: C8271	
City State Zip Code Huntington NY 11743	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer VIDERS & WIESEN	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Mr. William Wachtel		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address Wachtel and Masyr LLP 110 East 59th Street		Transaction ID: C8233	
City State Zip Code New York NY 10022	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wachtel and Masyr	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Mr. William M. Webster, IV		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2005	
Mailing Address Advance America 961 E Main Street		Transaction ID: C8292	
City State Zip Code Spartanburg SC 29306	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Advance America	Occupation Chief Executive Officer		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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: PAGE 35 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Howard Weingrow

Mailing Address 805 3rd Avenue 15th Floor

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
MEDIS TECHNOLOGIES President

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 23 / 2005

Transaction ID: C8374

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Jeff T. Weiss

Mailing Address 16 Snowdance Lane

City State Zip Code
Nesconset NY 11767

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

Name of Employer Occupation
Information Requested Information Requested

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2005

Transaction ID: C8234

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 1829 Woods Edge Drive

City State Zip Code
Leesburg VA 20176

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

Name of Employer Occupation
Stidd Systems executive

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

1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 02 / 2005

Transaction ID: C8219

Amount of Each Receipt this Period
1500.00

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 36 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Scott J. Williams		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005
Mailing Address 425 Oser Avenue		Transaction ID: C8406
City State Zip Code Hauppauge NY 11788	Amount of Each Receipt this Period 1400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ADVANCED ACOUSTICS CONCEPTS	Occupation CFO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) B. Mr. Andrew Young, III		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2005
Mailing Address P.O. Box 3394		Transaction ID: C8323
City State Zip Code Atlanta GA 30302	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Aspen Associates		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2005
Mailing Address 80 Long Ridge Road		Transaction ID: C8287
City State Zip Code Manhasset NY 11030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2900.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Laureen Harris

Mailing Address Aspen Associates
80 Long Ridge Road

City Manhasset State NY Zip Code 11030

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2005

Transaction ID: C8372

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address MTP Investment Group
20 West 46th Street

City New York State NY Zip Code 10036

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8472

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* redesignation

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

Mailing Address MTP Investment Group
20 West 46th Street

City New York State NY Zip Code 10036

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2005

Transaction ID: C8471

Amount of Each Receipt this Period
-2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* redesignation

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 38 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Big H Huntington LLC

Mailing Address 810 Seventh Avenue

City State Zip Code
New York NY 10019

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8355

Amount of Each Receipt this Period
1000.00

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

PARTNERSHIP--partners below if itemized

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

Mailing Address 24 Trails End

City State Zip Code
Chappaqua NY 10514

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

Name of Employer Occupation
RD Management LLC Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 5

Transaction ID: C8186

Amount of Each Receipt this Period
1000.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mr. Walter Gezari

Mailing Address Stidd Systems
PO Box 87

City State Zip Code
Greenport NY 11944-0087

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

Name of Employer Occupation
STIDD SYSTEMS INC President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

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

Transaction ID: C8480

Amount of Each Receipt this Period
2100.00

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

[MEMO ITEM]
* reattribution

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 39 / 145
	<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Walter Gezari		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address Stidd Systems PO Box 87		Transaction ID: C8481
City State Zip Code Greenport NY 11944-0087	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] * reattribution
Name of Employer STIDD SYSTEMS INC	Occupation President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Mr. Walter Gezari		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address Stidd Systems PO Box 87		Transaction ID: C8479
City State Zip Code Greenport NY 11944-0087	Amount of Each Receipt this Period -2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] * reattribution
Name of Employer STIDD SYSTEMS INC	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. Mr. Michael Herson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address American Defense International, In 1100 New York Avenue NW		Transaction ID: C8468
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] * Result of Reattribution
Name of Employer American Defense Internat- ional, In	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	0.00
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 40 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Vicki Herson

Mailing Address 8709 Burning Tree Road

City State Zip Code
Bethesda MD 20817

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

Name of Employer us govt. Occupation legislative aide

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

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

Transaction ID: C8326

Amount of Each Receipt this Period
-500.00

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

B. Full Name (Last, First, Middle Initial)
Jaime Associates

Mailing Address 60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C8362

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Mr. Glen Feldstein

Mailing Address Homebridge Mortgage Bankers
60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Hometruster Mortgage Bankers Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C8196

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Kramer and Dunleavy

Mailing Address 350 Broadway Suite 1100

City State Zip Code
New York NY 10013

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8403

Amount of Each Receipt this Period
250.00

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

PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Ms. Lenore Kramer

Mailing Address 350 Braodway Sutie 1100

City State Zip Code
New York NY 10013

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

Name of Employer Occupation
Kramer and Dunleavy Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2005

Transaction ID: C8388

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Law Offices of Jeffery F. Feinerman PLLC.

Mailing Address 60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 10 / 2005

Transaction ID: C8363

Amount of Each Receipt this Period
2000.00

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

PARTNERSHIP--partners below if itemized

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 42 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey S. Feinerman

Mailing Address 60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Homebridge Mortgage Bankers
Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
05 / 10 / 2005

Transaction ID: C8197

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Law Offices of Thomas L. Costa LLP

Mailing Address 445 Broadhollow Rd., Suite 406

City State Zip Code
Melville NY 11747

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

Name of Employer
Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
06 / 15 / 2005

Transaction ID: C8370

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Mr. Thomas L Costa

Mailing Address 47 Pelican Court

City State Zip Code
Syosset NY 11791

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

Name of Employer Thomas L Costa LLP
Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
06 / 15 / 2005

Transaction ID: C8240

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	250.00
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 43 / 145
	(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

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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Lent, Scrivner & Roth LLC

Mailing Address 1845 Vernon Street, NW

City State Zip Code
Washington DC 20009

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

Name of Employer Occupation
Lent, Scrivner & Roth LLC Consultant

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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

Transaction ID: C8251

Amount of Each Receipt this Period
500.00

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

PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Mr. Alan J. Roth

Mailing Address Lent, Scrivner, & Roth LLC
1420 New York Avenue NW

City State Zip Code
Washington DC 20005-2311

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

Name of Employer Occupation
Lent Scrivner & Roth LLC lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

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

Transaction ID: C8255

Amount of Each Receipt this Period
220.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ms. Cathy Marchiano

Mailing Address 60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
Hometruster Mortgage Bankers executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: C8483

Amount of Each Receipt this Period
2100.00

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

[MEMO ITEM]
* reattribution

SUBTOTAL of Receipts This Page (optional)	500.00
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 44 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Ms. Cathy Marchiano
Mailing Address 60 Oak Drive
City State Zip Code
Syosset NY 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Hometrust Mortgage Bankers executive
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 5
Transaction ID: C8482
Amount of Each Receipt this Period
-2100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* reattribution

B. Full Name (Last, First, Middle Initial)
Mr. James McManus
Mailing Address 62 Oak St.
City State Zip Code
Syosset NY 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Sovereign Title consultant
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 5
Transaction ID: C8485
Amount of Each Receipt this Period
1900.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* reattribution

C. Full Name (Last, First, Middle Initial)
Mr. James McManus
Mailing Address 62 Oak St.
City State Zip Code
Syosset NY 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Sovereign Title consultant
Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 5
Transaction ID: C8484
Amount of Each Receipt this Period
-1900.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
* reattribution

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 45 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Meyer, Suozzi, English & Klein

Mailing Address 1505 Kellum Place

City State Zip Code
Mineola NY 11501

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: C8312

Amount of Each Receipt this Period
250.00

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

PARTNERSHIP--partners below if itemized

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

Mailing Address Meyer, Suozzi English & Klein
1505 Kellum Place

City State Zip Code
Mineola NY 11501

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

Name of Employer Occupation
Meyer Suozzi English & Klein attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

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

Transaction ID: C8373

Amount of Each Receipt this Period
250.00

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Starla Olsen

Mailing Address 120-27 George Farm Drive

City State Zip Code
Lovettsville VA 20180

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

Name of Employer Occupation
Advanced Acoustics executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: C8487

Amount of Each Receipt this Period
600.00

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

[MEMO ITEM]
* reattribution

SUBTOTAL of Receipts This Page (optional)	▶	250.00
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 46 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Starla Olsen

Mailing Address 120-27 George Farm Drive

City Lovettsville State VA Zip Code 20180

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

Name of Employer Advanced Acoustics Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C8488

Amount of Each Receipt this Period
 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 * reattribution

B. Full Name (Last, First, Middle Initial)
Starla Olsen

Mailing Address 120-27 George Farm Drive

City Lovettsville State VA Zip Code 20180

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

Name of Employer Advanced Acoustics Occupation executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C8486

Amount of Each Receipt this Period
 -1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 * reattribution

C. Full Name (Last, First, Middle Initial)
Polimeni Family LLC

Mailing Address 600 Old Country Road Suite 425

City Garden City State NY Zip Code 11530

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 5

Transaction ID: C8285

Amount of Each Receipt this Period
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 145
	<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Mr. Fred Polimeni

Mailing Address 600 Old Country Road
Suite 425

City Garden City State NY Zip Code 11530

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 27 / 2005

Transaction ID: C8371

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Rechler Equity

Mailing Address 225 Broadhollow Road

City Melville State NY Zip Code 11747

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2005

Transaction ID: C8357

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Mr. Gregg Rechler

Mailing Address Reckson Associates
225 Broadhollow Road

City Melville State NY Zip Code 11747

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

Name of Employer RECKSON ASSOCIATES Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 15 / 2005

Transaction ID: C8190

Amount of Each Receipt this Period
1000.00

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

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: PAGE 48 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Sovereign Title Agency
Mailing Address 485 Underhill Boulevard
Suite 101
City State Zip Code
Syosset NY 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 5
Transaction ID: C8198
Amount of Each Receipt this Period
2100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Mr. James McManus
Mailing Address 62 Oak St.
City State Zip Code
Syosset NY 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Sovereign Title Occupation
consultant
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 5
Transaction ID: C8365
Amount of Each Receipt this Period
2100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Sovereign Title Agency
Mailing Address 485 Underhill Boulevard
Suite 101
City State Zip Code
Syosset NY 11791
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 5
Transaction ID: C8364
Amount of Each Receipt this Period
1900.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

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 49 / 145
	<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)
Steve Israel For Congress Committee

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

Mailing Address 62 Oak St.

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
Sovereign Title consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
05 / 10 / 2005

Transaction ID: C8366

Amount of Each Receipt this Period
1900.00

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

B. Full Name (Last, First, Middle Initial)
The Cooperatives Limited Partnership

Mailing Address c/o Hometrust Mortgage Bankers
60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
The Cooperatives Limited Partnersh

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 / 10 / 2005

Transaction ID: C8367

Amount of Each Receipt this Period
2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Ms. Cathy Marchiano

Mailing Address 60 Oak Drive

City State Zip Code
Syosset NY 11791

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

Name of Employer Occupation
Hometrust Mortgage Bankers executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 / 10 / 2005

Transaction ID: C8358

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 145
	(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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. The Cooperatives Limited Partnership		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 5
Mailing Address c/o Hometrtrust Mortgage Bankers 60 Oak Drive		Transaction ID: C8368
City State Zip Code Syosset NY 11791	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer The Cooperatives Limited Partnersh	Occupation	PARTNERSHIP--partners below if itemized
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

Full Name (Last, First, Middle Initial) B. Ms. Cathy Marchiano		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 5
Mailing Address 60 Oak Drive		Transaction ID: C8359
City State Zip Code Syosset NY 11791	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hometrtrust Mortgage Bankers	Occupation executive	[MEMO ITEM]
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	115900.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 145	
	(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

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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00347864

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
17.83

Date of Receipt

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

Transaction ID: C8375

Amount of Each Receipt this Period
11.37

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

* In-Kind: phone calls

SUBTOTAL of Receipts This Page (optional)	▶	11.37
TOTAL This Period (last page this line number only)	▶	11.37

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

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

FOR LINE NUMBER: PAGE 52 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial)
A. AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC

Mailing Address **WORLDWIDE HEADQUARTERS**

City State Zip Code
COLUMBUS GA 31999

FEC ID number of contributing federal political committee. **C C00034157**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C8188

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. American Bankers Association

Mailing Address **1120 Connecticut Avenue NW**

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C c00004275**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C8288

Amount of Each Receipt this Period
1000.00

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

Full Name (Last, First, Middle Initial)
C. American Bankers Association

Mailing Address **1120 Connecticut Avenue NW**

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C c00004275**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C8302

Amount of Each Receipt this Period
1000.00

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 53 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
AMERICAN CHIROPRACTIC ASSOCIATION PAC

Mailing Address 1701 Clarendon Blvd

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8332

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 801 Pennsylvania Ave NW STE650

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** c00040535

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8335

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID: C8327

Amount of Each Receipt this Period
2500.00

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 54 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

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

Mailing Address 325 Seventh Street NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: C8342

Amount of Each Receipt this Period
2000.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Mailing Address HARBORSIDE FINANCIAL CENTER
201 PLAZA 3

City State Zip Code
JERSEY CITY NJ 07311

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1606.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 5

Transaction ID: C8352

Amount of Each Receipt this Period
1500.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

Mailing Address HARBORSIDE FINANCIAL CENTER
201 PLAZA 3

City State Zip Code
JERSEY CITY NJ 07311

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1606.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 5

Transaction ID: C8376

Amount of Each Receipt this Period
106.00

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

* In-Kind: fundraising

SUBTOTAL of Receipts This Page (optional) ► **3606.00**

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 55 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. American International Group Inc
 Full Name (Last, First, Middle Initial)
 Mailing Address 1399 New York Avenue NW
 Suite 900
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00097725
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 5
Transaction ID: C8295
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AMERICAN POSTAL WORKERS UNION AFL-CIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 L ST N W
 City WASHINGTON State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C70003322
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 5
Transaction ID: C8330
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address Ms. Heather Tureen
 .1050 31st Street N.W.
 City Washington State DC Zip Code 20007
 FEC ID number of contributing federal political committee. **C** C00024521
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 5
Transaction ID: C8328
 Amount of Each Receipt this Period
 2500.00
 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 56 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
ASSURANT INC. POLITICAL ACTION COMMITTEE

Mailing Address 501 W. Michigan St.
PO BOX 3050

City State Zip Code
Milwaukee WI 53203

FEC ID number of contributing federal political committee. **C** C00185694

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8229

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Astoria Financial Corp PAC

Mailing Address 1 Astoria Federal Plaza

City State Zip Code
Lake Success NY 11042

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: C8230

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
BAE SYSTEMS NORTH AMERICA INC POLITICAL ACTION COMMITTEE (BA

Mailing Address 1215 Jefferson Davis Hwy S1500

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 5

Transaction ID: C8347

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
BAE SYSTEMS NORTH AMERICA INC POLITICAL ACTION COMMITTEE (BA)
Mailing Address 1215 Jefferson Davis Hwy S1500
City Arlington State VA Zip Code 22202
FEC ID number of contributing federal political committee. **C** C00281212
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 7 / 2 0 0 5
Transaction ID: C8348
Amount of Each Receipt this Period
500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
BANK OF AMERICA CORPORATION STATE AND FEDERAL POLITICAL ACTION COMMITTEE
Mailing Address 600 Peachtree Street NE
3rd Floor
City Atlanta State GA Zip Code 30308
FEC ID number of contributing federal political committee. **C** C00043489
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 5
Transaction ID: C8301
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BOILERMAKERS BLACKSMITHS LEAP
Mailing Address 753 State Avenue STE 565
City Kansas City State KS Zip Code 66101
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 5
Transaction ID: C8226
Amount of Each Receipt this Period
1000.00
 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 58 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

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

Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

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

Transaction ID: C8249

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
CHUBB CORPORATION POLITICAL ACTION COMMITTEE-CHUBBPAC, THE

Mailing Address 15 Mountain View Road
PO BOX 1651

City State Zip Code
Warren NJ 07059

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8343

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
CITIGROUP INC. POLITICAL ACTION COMMITTEE-FEDERAL

Mailing Address 1101 Pennsylvania Ave. NW #1000

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00008474

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 7 / 2 0 0 5

Transaction ID: C8349

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: C8191

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: C8228

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** c00040998

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 7 / 2 0 0 5

Transaction ID: C8354

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 145
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Deloitte & Touche

Mailing Address 555 12th Street NW
Suite 500

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2005

Transaction ID: C8248

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Edo Corp

Mailing Address 60 East 42nd Street S5010

City New York State NY Zip Code 10165

FEC ID number of contributing federal political committee. **C** c00329318

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2005

Transaction ID: C8346

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Ernst and Young PAC

Mailing Address 1225 Connecticut Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2005

Transaction ID: C8223

Amount of Each Receipt this Period
1500.00

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 61 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
Evergreen Associates, LTD
 Mailing Address 206 G Street N. E.
 City State Zip Code
 Washington DC 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 5
Transaction ID: C8407
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
GOLDMAN SACHS GROUP INC POLITICAL ACTION COMMIT
 Mailing Address 1101 Pennsylvania Ave NW S900
 City State Zip Code
 Washington DC 20004
 FEC ID number of contributing federal political committee. **C** C00350744
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 5
Transaction ID: C8334
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC
 Mailing Address 175 West Jackson Blvd
 Suite 2000
 City State Zip Code
 Chicago IL 60604
 FEC ID number of contributing federal political committee. **C** C00408260
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 5
Transaction ID: C8340
 Amount of Each Receipt this Period
 1000.00
 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 62 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
H & R BLOCK POLITICAL ACTION COMMITTEE (BLOCKPAC)

Mailing Address 4400 MAIN STREET

City State Zip Code
KANSAS CITY MO 64111

FEC ID number of contributing federal political committee. **C** C00188177

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2005

Transaction ID: C8353

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE (HIPAC)

Mailing Address 1001 Pennsylvania Avenue Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2005

Transaction ID: C8338

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
H-PAC

Mailing Address 1401 Eye Street, NW Suite 520

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00033423

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2005

Transaction ID: C8299

Amount of Each Receipt this Period
1000.00

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 checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 63 / 145
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8333

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
IBEW COMMITTEE ON POLITICAL EDUC

Mailing Address 1125 15th Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8000.00

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

Transaction ID: C8344

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Mailing Address 1750 NEW YORK NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8256

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 64 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
International Longshoreman Association COPE

Mailing Address 17 Battery Place

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee. **C** c00158576

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2005

Transaction ID: C8341

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
INTL. UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS P

Mailing Address 1776 Eye St. NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00003632

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2005

Transaction ID: C8183

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H Street, NW
Suite 1200

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2005

Transaction ID: C8225

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 18254

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00280222

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C8259

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 1215 South Clark Street Suite 1205

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** c00338087

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

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

Transaction ID: C8369

Amount of Each Receipt this Period
 2500.00

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

C. Full Name (Last, First, Middle Initial)
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

Mailing Address 905 16TH STREET NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70004171

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C8222

Amount of Each Receipt this Period
 2500.00

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 66 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. LaSalle Bank Corporation PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005
Mailing Address 135 South LaSalle Street Suite 925		Transaction ID: C8257
City Chicago State IL Zip Code 60603	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00135186		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. LOCAL 138 IUOE POLITICAL ACTION CMTE		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2005
Mailing Address 137 Gazza Boulevard		Transaction ID: C8193
City Farmingdale State NY Zip Code 11735	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00247197		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. MINN-DAK Farmers Cooperative		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2005
Mailing Address 7525 Red River Road		Transaction ID: C8296
City Wahpeton State ND Zip Code 58075-9698	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00164939		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
MORTGAGE BANKERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1919 PENNSYLVANIA AVENUE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: C8290

Amount of Each Receipt this Period
 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ms. Francie Burkhart

Mailing Address American Association of Health Ins
601 Pennsylvania Ave., NW

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C8250

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
NAPUS PAC FOR POSTMASTERS (FKA POLITICAL EDUCATION)

Mailing Address 8 HERBERT STREET

City State Zip Code
ALEXANDRIA VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C8300

Amount of Each Receipt this Period
 1000.00

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 68 / 145
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC)		Date of Receipt
Mailing Address 1325 Massachusetts Ave. NW		M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 5
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00238725	Transaction ID: C8350
Name of Employer Occupation	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF REALTORS		Date of Receipt
Mailing Address REALTORS PAC 500 New Jersey Ave NW		M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 5
City State Zip Code Washington DC 20001-2020	FEC ID number of contributing federal political committee. C C70002563	Transaction ID: C10166
Name of Employer Occupation	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 1850 M Street NW Suite 540		M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 5
City State Zip Code Washington DC 20036	FEC ID number of contributing federal political committee. C C00130773	Transaction ID: C8291
Name of Employer Occupation	Amount of Each Receipt this Period 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

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

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

FOR LINE NUMBER: PAGE 69 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.
Room 117M

City State Zip Code
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 15 / 2005

Transaction ID: C8289

Amount of Each Receipt this Period
3000.00

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

B. Full Name (Last, First, Middle Initial)
NEW YORK STOCK EXCHANGE INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 801 Pennsylvania Avenue NW
Suite 630

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00402974

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2005

Transaction ID: C8339

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL

Mailing Address 720 E. Wisconsin Ave.

City State Zip Code
Milwaukee WI 53202

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2005

Transaction ID: C8351

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
OPPENHEIMERFUNDS INC POLITICAL ACTION COMMITTEE

Mailing Address 498 SEVENTH AVENUE

City State Zip Code
NEW YORK NY 10018

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8293

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K Street NW Suite 700W

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

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

Transaction ID: C8297

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
PROFESSIONAL INSURANCE AGENTS POLITICAL ACTION COM

Mailing Address 400 North Washington Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00004994

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: C8298

Amount of Each Receipt this Period
1000.00

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 71 / 145
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

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

Mailing Address 1100 Wilson Blvd
Suite 1500

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8337

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1875 I Street NW STE 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

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

Transaction ID: C10167

Amount of Each Receipt this Period
2500.00

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

C. Full Name (Last, First, Middle Initial)
SECURITIES INDUSTRY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1425 K Street NW
7th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00067504

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID: C8325

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 72 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON

Full Name (Last, First, Middle Initial)
Mailing Address 1313 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 5

Transaction ID: C8210

Amount of Each Receipt this Period
 2500.00

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

B. SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE

Full Name (Last, First, Middle Initial)
Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: C8258

Amount of Each Receipt this Period
 1000.00

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

C. TITLE INDUSTRY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1828 L STREET NW SUITE 705

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: C8247

Amount of Each Receipt this Period
 1000.00

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: (check only one)	PAGE 73 / 145
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. TWU		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 2 / 2 0 0 5	
Mailing Address 1700 Broadway 2nd Floor		Transaction ID: C8224	
City State Zip Code Manhattan NY 10019		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C c00008268		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5	
Mailing Address 8000 EAST JEFFERSON		Transaction ID: C8336	
City State Zip Code DETROIT MI 48214		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00002840		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 5	
Mailing Address 1201 F Street NW		Transaction ID: C10411	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00235036		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 74 / 145	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial)
A. ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)

Mailing Address 1201 F Street NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00235036

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2005

Transaction ID: C8331

Amount of Each Receipt this Period
 1000.00

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)	▶	84106.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. American Archives		Transaction ID: D7206 Date of Disbursement 04 / 04 / 2005
Mailing Address PO Box 365		Amount of Each Disbursement this Period 250.53
City Deer Park State NY Zip Code 11729	Purpose of Disbursement Campaign Expense 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. American Archives		Transaction ID: D7207 Date of Disbursement 05 / 09 / 2005
Mailing Address PO Box 365		Amount of Each Disbursement this Period 452.12
City Deer Park State NY Zip Code 11729	Purpose of Disbursement Other Expenses 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Anthony Weiner for New York		Transaction ID: D7214 Date of Disbursement 04 / 26 / 2005
Mailing Address Broadway		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10011	Purpose of Disbursement Contributions 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2702.65
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. BMB Consulting LLC		Transaction ID: D7215 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address PO Box 1121		Amount of Each Disbursement this Period 508.41
City East Northport State NY Zip Code 11731	Purpose of Disbursement Office Expense 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Bob Filner for Congress		Transaction ID: D7216 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 240 Woodlawn Avenue #7		Amount of Each Disbursement this Period 1000.00
City Chula Vista State CA Zip Code 91910	Purpose of Disbursement Donations 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Cablevision		Transaction ID: D7218 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address PO Box 58		Amount of Each Disbursement this Period 203.46
City Belmar State NJ Zip Code 07719	Purpose of Disbursement Office Expense 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1711.87
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

A. Cablevision Full Name (Last, First, Middle Initial) Mailing Address PO Box 58 City Belmar State NJ Zip Code 07719 Purpose of Disbursement Office Expense 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) ▼		Transaction ID: D7219 Date of Disbursement 05 / 11 / 2005 Amount of Each Disbursement this Period 203.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

B. Candle Business Systems Full Name (Last, First, Middle Initial) Mailing Address 1500 Ocean Avenue City Bohemia State NY Zip Code 11716 Purpose of Disbursement Other Expenses 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) ▼		Transaction ID: D7220 Date of Disbursement 04 / 06 / 2005 Amount of Each Disbursement this Period 81.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

C. Candle Business Systems Full Name (Last, First, Middle Initial) Mailing Address 1500 Ocean Avenue City Bohemia State NY Zip Code 11716 Purpose of Disbursement Equipment Rental 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) ▼		Transaction ID: D7222 Date of Disbursement 05 / 04 / 2005 Amount of Each Disbursement this Period 81.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	366.48
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Candle Business Systems		Transaction ID: D7221 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 1500 Ocean Avenue		Amount of Each Disbursement this Period 81.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bohemia State NY Zip Code 11716	Purpose of Disbursement Office Expense Candidate Name Category/Type 001	
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. Mr. Michael Caplice		Transaction ID: D7274 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 240 Parkway Drive		Amount of Each Disbursement this Period 482.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Westbury State NY Zip Code 11590	Purpose of Disbursement Payroll Expenses 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. Mr. Michael Caplice		Transaction ID: D7271 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5
Mailing Address 240 Parkway Drive		Amount of Each Disbursement this Period 482.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Westbury State NY Zip Code 11590	Purpose of Disbursement Payroll Expenses 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) ▶	1046.04
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)

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Michael Caplice		Transaction ID: D7269 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5	
Mailing Address 240 Parkway Drive		Amount of Each Disbursement this Period 482.24	
City Westbury State NY Zip Code 11590	Purpose of Disbursement Payroll Expenses	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Mr. Michael Caplice		Transaction ID: D7272 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 5	
Mailing Address 240 Parkway Drive		Amount of Each Disbursement this Period 482.24	
City Westbury State NY Zip Code 11590	Purpose of Disbursement Payroll Expenses	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Mr. Michael Caplice		Transaction ID: D7273 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 240 Parkway Drive		Amount of Each Disbursement this Period 482.24	
City Westbury State NY Zip Code 11590	Purpose of Disbursement Payroll Expenses	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1446.72
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mr. Michael Caplice		Transaction ID: D7270 Date of Disbursement 06 / 15 / 2005
Mailing Address 240 Parkway Drive		Amount of Each Disbursement this Period 482.24
City Westbury State NY Zip Code 11590	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Tax	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Carlyle on the Green		Transaction ID: D7227 Date of Disbursement 04 / 01 / 2005
Mailing Address PO Box 211		Amount of Each Disbursement this Period 11190.00
City Bethpage State NY Zip Code 11714	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expense	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Chase Automotive Finance		Transaction ID: D7232 Date of Disbursement 04 / 09 / 2005
Mailing Address PO Box 15594		Amount of Each Disbursement this Period 454.49
City Wilmington State DE Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Automobile Expense	Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12126.73
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Chase Automotive Finance		Transaction ID: D7233 Date of Disbursement 05 / 11 / 2005
Mailing Address PO Box 15594		Amount of Each Disbursement this Period 454.49
City Wilmington State DE Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Automobile Expense	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. Chase Automotive Finance		Transaction ID: D7231 Date of Disbursement 06 / 12 / 2005
Mailing Address PO Box 15594		Amount of Each Disbursement this Period 454.49
City Wilmington State DE Zip Code 19886	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Automobile Expense	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. Cingular Wireless		Transaction ID: D7236 Date of Disbursement 04 / 01 / 2005
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 107.08
City Baltimore State MD Zip Code 21297	<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
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) ▶	1016.06
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D7228 Date of Disbursement 05 / 11 / 2005
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 106.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: D7237 Date of Disbursement 06 / 02 / 2005	
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 107.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Baltimore State MD Zip Code 21297			
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: D7235 Date of Disbursement 06 / 02 / 2005	
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 19.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Baltimore State MD Zip Code 21297			
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	233.68
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Commerce Bank		Transaction ID: D7239 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 508.26
City State Zip Code Cherry Hill NJ 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Tax	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Commerce Bank		Transaction ID: D7238 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 30.00
City State Zip Code Cherry Hill NJ 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Other Expenses	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Commerce Bank		Transaction ID: D7245 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 1266.56
City State Zip Code Cherry Hill NJ 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 941 Tax	Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1804.82
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Commerce Bank		Transaction ID: D7241 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 2462.94
City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Other Expenses	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. Commerce Bank		Transaction ID: D7248 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 3587.24
City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Tax	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. Commerce Bank		Transaction ID: D7246 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 30.00
City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Bank Service Charges	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) ▶	6080.18
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Commerce Bank		Transaction ID: D7247 Date of Disbursement 06 / 02 / 2005
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 30.00
City Cherry Hill State NJ Zip Code 08034-5400	Purpose of Disbursement Bank Service Charges 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Mrs. Lisa Deutsch		Transaction ID: D7260 Date of Disbursement 04 / 01 / 2005
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 2500.00
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Mrs. Lisa Deutsch		Transaction ID: D7261 Date of Disbursement 04 / 04 / 2005
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 19.65
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Reimbursement 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2549.65
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mrs. Lisa Deutsch		Transaction ID: D7258 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses 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. Mrs. Lisa Deutsch		Transaction ID: D7265 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 34.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Reimbursement-Taxi 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. Mrs. Lisa Deutsch		Transaction ID: D7262 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses 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) ▶	5034.00
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mrs. Lisa Deutsch		Transaction ID: D7263 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 5	
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 2500.00	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Mrs. Lisa Deutsch		Transaction ID: D7259 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 2500.00	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Mrs. Lisa Deutsch		Transaction ID: D7264 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 2500.00	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Tax	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Family and Childrens Association		Transaction ID: D7252 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 5
Mailing Address 100 East Old Country Road		Amount of Each Disbursement this Period 300.00
City Mineola State NY Zip Code 11501	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations	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. George D. Johnson Jr.		Transaction ID: D7254 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address PO Box 3524		Amount of Each Disbursement this Period 500.00
City Spartanburg State SC Zip Code 29304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund 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) ▼	

Full Name (Last, First, Middle Initial) C. Ms. Carly Israel		Transaction ID: D7224 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 3 Lenisue Court		Amount of Each Disbursement this Period 154.02
City Dix Hills State NY Zip Code 11746	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expenses	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) ▶	954.02
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Ms. Carly Israel		Transaction ID: D7225 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 5	
Mailing Address 3 Lenisue Court		Amount of Each Disbursement this Period 162.15	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses 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 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. Ms. Carly Israel		Transaction ID: D7226 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 5	
Mailing Address 3 Lenisue Court		Amount of Each Disbursement this Period 84.44	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Payroll Expenses 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 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. Hon. Steve Israel		Transaction ID: D7309 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 5	
Mailing Address 66 Dix Highway		Amount of Each Disbursement this Period 875.14	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Reimbursement 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 State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	1121.73
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Jim Davis for Governor		Transaction ID: D7255 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address PO Box 10399		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 Tampa State FL Zip Code 33679	Purpose of Disbursement Contributions 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. Marlene L Budd		Transaction ID: D7267 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 66 Dix Highway		Amount of Each Disbursement this Period 236.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Reimbursement 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. Monarch Graphics Inc.		Transaction ID: D7276 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 5
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 934.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Central Islip State NY Zip Code 11722	Purpose of Disbursement Fundraising Expense 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) ▶	1670.65
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Monarch Graphics Inc.		Transaction ID: D7277 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 843.15
City Central Islip State NY Zip Code 11722	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expense 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. Monarch Graphics Inc.		Transaction ID: D7279 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 152.12
City Central Islip State NY Zip Code 11722	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expense 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. Monarch Graphics Inc.		Transaction ID: D7278 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 5
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 648.24
City Central Islip State NY Zip Code 11722	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising Expense 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) ▶	1643.51
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Monarch Graphics Inc.		Transaction ID: D7275 Date of Disbursement 06 / 25 / 2005
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 767.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Central Islip	State NY	
Zip Code 11722	Category/Type	
Purpose of Disbursement Fundraising Expense 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) ▼	

Full Name (Last, First, Middle Initial) B. Morris I. Stoler		Transaction ID: D7281 Date of Disbursement 06 / 25 / 2005
Mailing Address PO Box 49		Amount of Each Disbursement this Period 2074.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington Station	State NY	
Zip Code 11746	Category/Type	
Purpose of Disbursement Insurance 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) ▼	

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: D7282 Date of Disbursement 04 / 18 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20003-4071	Category/Type	
Purpose of Disbursement Dues and Subscriptions 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2866.59
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: D7284 Date of Disbursement 05 / 25 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 182.08
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Fundraising Expense 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: D7283 Date of Disbursement 06 / 12 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 143.20
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Dues and Subscriptions 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Nextel		Transaction ID: D7286 Date of Disbursement 04 / 13 / 2005
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 198.77
City Denver State CO Zip Code 80217	Purpose of Disbursement Telephone 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	524.05
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Nextel		Transaction ID: D7287 Date of Disbursement 05 / 13 / 2005	
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 233.10	
City Denver State CO Zip Code 80217	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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. Nextel		Transaction ID: D7288 Date of Disbursement 06 / 11 / 2005	
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 249.77	
City Denver State CO Zip Code 80217	Purpose of Disbursement Telephone Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	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. Nick Lampson for Congress		Transaction ID: D7289 Date of Disbursement 04 / 29 / 2005	
Mailing Address PO Box 58606		Amount of Each Disbursement this Period 1000.00	
City Houston State TX Zip Code 77258	Purpose of Disbursement Contributions Candidate Name Nick Lampson	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1482.87
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. NYS Employment Taxes		Transaction ID: D7291 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 5	
Mailing Address PO Box 4120		Amount of Each Disbursement this Period 283.70	
City Binghamton State NY Zip Code 13902	Purpose of Disbursement Tax	Category/ Type	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. NYS Income Tax		Transaction ID: D7285 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 5	
Mailing Address PO Box 1414		Amount of Each Disbursement this Period 263.05	
City New York State NY Zip Code 10008	Purpose of Disbursement Income Tax	Category/ Type	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. NYS Income Tax		Transaction ID: D7293 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 5	
Mailing Address PO Box 1414		Amount of Each Disbursement this Period 692.40	
City New York State NY Zip Code 10008	Purpose of Disbursement Income Tax	Category/ Type	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	1239.15
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. NYS Income Tax		Transaction ID: D7292 Date of Disbursement 05 / 31 / 2005
Mailing Address PO Box 1414		Amount of Each Disbursement this Period 624.60
City New York State NY Zip Code 10008	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Income Tax	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. Oxford Health Insurance		Transaction ID: D7297 Date of Disbursement 04 / 01 / 2005
Mailing Address Po Box 5031		Amount of Each Disbursement this Period 650.00
City Norwalk State CT Zip Code 06856	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance	Candidate Name	Category/Type 001
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. Oxford Health Insurance		Transaction ID: D7295 Date of Disbursement 04 / 30 / 2005
Mailing Address Po Box 5031		Amount of Each Disbursement this Period 650.00
City Norwalk State CT Zip Code 06856	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Insurance	Candidate Name	Category/Type 001
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)	1924.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Oxford Health Insurance		Transaction ID: D7296 Date of Disbursement 05 / 31 / 2005
Mailing Address Po Box 5031		Amount of Each Disbursement this Period 650.00
City Norwalk State CT Zip Code 06856	Purpose of Disbursement Insurance 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Perlman, Schleifer, Perrone		Transaction ID: D7298 Date of Disbursement 04 / 01 / 2005
Mailing Address 330 Motor Parkway Suite 305		Amount of Each Disbursement this Period 500.00
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement Accounting Service 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Perlman, Schleifer, Perrone		Transaction ID: D7299 Date of Disbursement 05 / 04 / 2005
Mailing Address 330 Motor Parkway Suite 305		Amount of Each Disbursement this Period 500.00
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement Accounting Service 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1650.00
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Perlman, Schleifer, Perrone		Transaction ID: D7300 Date of Disbursement 06 / 02 / 2005
Mailing Address 330 Motor Parkway Suite 305		Amount of Each Disbursement this Period 500.00
City Hauppauge State NY Zip Code 11788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Accounting Service Candidate Name	Category/Type 001	
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. Perlmutter for Congress		Transaction ID: D7251 Date of Disbursement 06 / 13 / 2005
Mailing Address 3440 Youngfield St #264		Amount of Each Disbursement this Period 1000.00
City Wheat Ridge State CO Zip Code 80033	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Donations Candidate Name Edwin Perlmutter	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Postmaster Deer Park		Transaction ID: D7301 Date of Disbursement 05 / 03 / 2005
Mailing Address 375 Coralls Path		Amount of Each Disbursement this Period 625.00
City Deer Park State NY Zip Code 11729	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage and Delivery 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) ▶	2125.00
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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Reckson Operating Partnership		Transaction ID: D7304 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 5
Mailing Address 225 Broad Hollow Road		Amount of Each Disbursement this Period 258.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington Station State NY Zip Code 11747		
Purpose of Disbursement Rent 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. Reckson Operating Partnership		Transaction ID: D7302 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 225 Broad Hollow Road		Amount of Each Disbursement this Period 258.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington Station State NY Zip Code 11747		
Purpose of Disbursement Rent 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. Reckson Operating Partnership		Transaction ID: D7303 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 225 Broad Hollow Road		Amount of Each Disbursement this Period 258.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington Station State NY Zip Code 11747		
Purpose of Disbursement Rent 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) ▶	774.99
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)

PAGE 100 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Rich Schulman		Transaction ID: D7305 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 1437 Lombardy Blvd		Amount of Each Disbursement this Period 300.00
City Bay Shore State NY Zip Code 11706	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expenses	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: D7307 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 5
Mailing Address P O Box 7086		Amount of Each Disbursement this Period 61.97
City London State KY Zip Code 40742	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone	Category/ Type 001	
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) ▼	

Full Name (Last, First, Middle Initial) C. Suffolk County Democratic Committee		Transaction ID: D7311 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 4250 Veterans Memorial Highway Suite 304		Amount of Each Disbursement this Period 1000.00
City Holbrook State NY Zip Code 11741	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Expense	Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1361.97
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)

<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)
Steve Israel For Congress Committee

A. Sunoco Full Name (Last, First, Middle Initial) Mailing Address PO Box 2301 City Tulsa State OK Zip Code 74102 Purpose of Disbursement Automobile Expense 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) ▼		Transaction ID: D7313 Date of Disbursement 05 / 04 / 2005 Amount of Each Disbursement this Period 38.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

B. Sunoco Full Name (Last, First, Middle Initial) Mailing Address PO Box 2301 City Tulsa State OK Zip Code 74102 Purpose of Disbursement Automobile Expense 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) ▼		Transaction ID: D7312 Date of Disbursement 06 / 02 / 2005 Amount of Each Disbursement this Period 42.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

C. Temple Beth David Full Name (Last, First, Middle Initial) Mailing Address 100 Hauppauge Rd City Commack State NY Zip Code 11725 Purpose of Disbursement Campaign Expense 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) ▼		Transaction ID: D7314 Date of Disbursement 04 / 27 / 2005 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

SUBTOTAL of Disbursements This Page (optional) ▶	1080.60
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D7322 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 74.99
City Tucson State AZ Zip Code 85731	<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	
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. Verizon Wireless		Transaction ID: D7323 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 72.09
City Tucson State AZ Zip Code 85731	<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	
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. VERIZON		Transaction ID: D7318 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 313.84
City Patchogue State NY Zip Code 11772	<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	
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) ▶	460.92
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. VERIZON		Transaction ID: D7320 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 72.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Patchogue State NY Zip Code 11772		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: D7317 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 532.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Patchogue State NY Zip Code 11772		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. VERIZON		Transaction ID: D7319 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 232.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Patchogue State NY Zip Code 11772		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	836.51
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 104 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. VERIZON		Transaction ID: D7321 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 569.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Patchogue State NY Zip Code 11772		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. VERIZON		Transaction ID: D7315 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 343.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Patchogue State NY Zip Code 11772		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. VERIZON		Transaction ID: D7316 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 418.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Patchogue State NY Zip Code 11772		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1330.87
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Volvoville		Transaction ID: D7324 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 5
Mailing Address 5700 Merrick Road		Amount of Each Disbursement this Period 112.47
City Massapequa State NY Zip Code 11758	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Automobile Expense	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. Winning Directions		Transaction ID: D7325 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 2700 South Quincy Street SUite 540		Amount of Each Disbursement this Period 4500.00
City Arlington State VA Zip Code 22206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Expense	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. American Express		Transaction ID: D7208 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 5
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 1053.81
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 Card	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) ▶	5666.28
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Transaction ID: D7356 Date of Disbursement 05 / 15 / 2005	
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 44.00	
City Commack State NY Zip Code 11725	Purpose of Disbursement gas/travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. EZ Pass		Transaction ID: D7369 Date of Disbursement 05 / 11 / 2005	
Mailing Address 375 McCarter Highway		Amount of Each Disbursement this Period 35.00	
City Newark State NJ Zip Code 07114-2529	Purpose of Disbursement toll	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Hunan Dynasty		Transaction ID: D7349 Date of Disbursement 05 / 11 / 2005	
Mailing Address 215 Pennsylvania Ave SE # 2		Amount of Each Disbursement this Period 30.30	
City Washington State DC Zip Code 20003	Purpose of Disbursement dining	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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)

PAGE 107 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Microsoft Online		Transaction ID: D7372 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 5
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 9.95
City Redmond State WA Zip Code 98052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Tofu Chinese Testaurant		Transaction ID: D7354 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 5
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 41.25
City Commack State NY Zip Code 11725	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel and entertainment Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. US House Members Dining		Transaction ID: D7364 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 5
Mailing Address US Capitol		Amount of Each Disbursement this Period 20.50
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 travel and entertainment Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. US House Members Dining		Transaction ID: D7348 Date of Disbursement 05 / 11 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 18.00
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 travel and entertainment Candidate Name		[MEMO ITEM]
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. US House Members Dining		Transaction ID: D7352 Date of Disbursement 05 / 12 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 30.50
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 travel and entertainment Candidate Name		[MEMO ITEM]
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. US House Members Dining		Transaction ID: D7351 Date of Disbursement 05 / 12 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 41.35
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 travel and entertainment Candidate Name		[MEMO ITEM]
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) ▶	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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. US House Members Dining		Transaction ID: D7357 Date of Disbursement 05 / 17 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 26.40
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 travel and entertainment Candidate Name		[MEMO ITEM]
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. US House Members Dining		Transaction ID: D7360 Date of Disbursement 05 / 19 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 40.65
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 travel and entertainment Candidate Name		[MEMO ITEM]
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. Young Chow Restaurant		Transaction ID: D7358 Date of Disbursement 05 / 19 / 2005
Mailing Address 312 Pennsylvania Ave SE		Amount of Each Disbursement this Period 48.65
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel and entertainment Candidate Name		[MEMO ITEM]
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) ▶	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)

PAGE 110 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D7209 Date of Disbursement 05 / 13 / 2005	
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 5431.13	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Ben's Deli and Restaurant		Transaction ID: D7435 Date of Disbursement 05 / 03 / 2005	
Mailing Address 140 Wheatley Plaza		Amount of Each Disbursement this Period 447.29	
City Greenvale State NY Zip Code 11548	Purpose of Disbursement fundraising	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Capital Hill Suites		Transaction ID: D7397 Date of Disbursement 05 / 02 / 2005	
Mailing Address 200 C St Se		Amount of Each Disbursement this Period 683.56	
City Washington State DC Zip Code 20003	Purpose of Disbursement travel and entertainment	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	5431.13
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Cingular Wireless		Transaction ID: D7379 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 5
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 61.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Baltimore State MD Zip Code 21297		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Citgo		Transaction ID: D7384 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 5
Mailing Address Dear Hill Road		Amount of Each Disbursement this Period 41.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Deer Park State NY Zip Code 11729		
Purpose of Disbursement automobile expense 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. Delta Airlines		Transaction ID: D7396 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 5
Mailing Address 4628 Southwest Loop 820		Amount of Each Disbursement this Period 335.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Fort Worth State TX Zip Code 76109		
Purpose of Disbursement travel Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" 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

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)
Steve Israel For Congress Committee

<p>A. Delta Airlines</p> <p>Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 4628 Southwest Loop 820</p> <p>City Fort Worth State TX Zip Code 76109</p> <p>Purpose of Disbursement travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7398</p> <p>Date of Disbursement 05 / 03 / 2005</p> <p>Amount of Each Disbursement this Period 5.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. DH Pizza</p> <p>Full Name (Last, First, Middle Initial) DH Pizza</p> <p>Mailing Address Deer Park Road</p> <p>City Dix Hills State NY Zip Code 11746</p> <p>Purpose of Disbursement travel and entertainment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7395</p> <p>Date of Disbursement 05 / 01 / 2005</p> <p>Amount of Each Disbursement this Period 140.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Fedex</p> <p>Full Name (Last, First, Middle Initial) Fedex</p> <p>Mailing Address 300 Wheeler Road</p> <p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7374</p> <p>Date of Disbursement 04 / 05 / 2005</p> <p>Amount of Each Disbursement this Period 16.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

<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)
Steve Israel For Congress Committee

<p>A. Fedex</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 300 Wheeler Road</p>		<p>Transaction ID: D7393 Date of Disbursement 04 / 28 / 2005</p>
<p>City Hauppauge State NY Zip Code 11788</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 37.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>

<p>B. Microsoft Online</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1 Microsoft Way</p>		<p>Transaction ID: D7375 Date of Disbursement 04 / 09 / 2005</p>
<p>City Redmond State WA Zip Code 98052</p> <p>Purpose of Disbursement internet</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 21.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>

<p>C. PC Richard and Son</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Jericho Turnpike</p>		<p>Transaction ID: D7380 Date of Disbursement 04 / 16 / 2005</p>
<p>City Deer Park State NY Zip Code 11729</p> <p>Purpose of Disbursement office equipment</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 505.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 114 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D7438 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 5
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 21.75
City Commack State NY Zip Code 11725	<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]
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. US AIRWAYS		Transaction ID: D7382 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5
Mailing Address Laguardia Airport		Amount of Each Disbursement this Period 370.90
City Jackson Heights State NY Zip Code 11372	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel fundraiser Candidate Name	Category/Type	[MEMO ITEM]
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. US AIRWAYS		Transaction ID: D7381 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5
Mailing Address Laguardia Airport		Amount of Each Disbursement this Period 5.00
City Jackson Heights State NY Zip Code 11372	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement misc Candidate Name	Category/Type	[MEMO ITEM]
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) ▶	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

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)
Steve Israel For Congress Committee

A. US Postal Servcie

Full Name (Last, First, Middle Initial)
Steve Israel For Congress Committee

Mailing Address 375 Carlls Path

City Deer Park State NY Zip Code 11729

Purpose of Disbursement fundraising expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7387
Date of Disbursement
04 / 22 / 2005

Amount of Each Disbursement this Period
1850.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Vision United

Full Name (Last, First, Middle Initial)
Vision United

Mailing Address Deer Park Ave

City Brentwood State NY Zip Code 11717

Purpose of Disbursement gas/travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7376
Date of Disbursement
04 / 11 / 2005

Amount of Each Disbursement this Period
42.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. American Express

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO BOX 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7210
Date of Disbursement
05 / 21 / 2005

Amount of Each Disbursement this Period
373.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

373.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 116 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Delta Airlines		Transaction ID: D7402 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 5
Mailing Address 4628 Southwest Loop 820		Amount of Each Disbursement this Period 355.90
City Fort Worth State TX Zip Code 76109	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel and entertainment Candidate Name	Category/Type	[MEMO ITEM]
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. American Express		Transaction ID: D7211 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 5
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 1386.01
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 Card Candidate Name	Category/Type	[MEMO ITEM]
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. American Express		Transaction ID: D7212 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 5
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 4308.07
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 Card Candidate Name	Category/Type	[MEMO ITEM]
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) ▶	5694.08
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 117 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Apple Store		Transaction ID: D7427 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 325.16	
City Huntington	State NY	Zip Code 11743	[MEMO ITEM]
Purpose of Disbursement computer supplies		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D7426 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 207.40	
City Commack	State NY	Zip Code 11725	[MEMO ITEM]
Purpose of Disbursement office supplies		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D7213 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 3611.01	
City Newark	State NJ	Zip Code 07101-1270	[MEMO ITEM]
Purpose of Disbursement Credit Card		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3611.01
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Apple USFG		Transaction ID: D7328 Date of Disbursement 05 / 24 / 2005	
Mailing Address 1 Infinite Loop		Amount of Each Disbursement this Period 355.62	
City Cupertino	State CA	Zip Code 95014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Apple USFG		Transaction ID: D7329 Date of Disbursement 05 / 24 / 2005	
Mailing Address 1 Infinite Loop		Amount of Each Disbursement this Period 270.78	
City Cupertino	State CA	Zip Code 95014	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Citgo		Transaction ID: D7347 Date of Disbursement 05 / 20 / 2005	
Mailing Address Dear Hill Road		Amount of Each Disbursement this Period 40.00	
City Deer Park	State NY	Zip Code 11729	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement automobile expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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)
Steve Israel For Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Citgo</p>		<p>Transaction ID: D7334 Date of Disbursement 06 / 01 / 2005</p>
<p>Mailing Address Dear Hill Road</p>		<p>Amount of Each Disbursement this Period 38.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City State Zip Code Deer Park NY 11729</p>	<p>Purpose of Disbursement automobile expense</p>	
<p>Candidate Name</p>		<p>Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>
<p>State: District:</p>		

<p>B. Full Name (Last, First, Middle Initial) Citgo</p>		<p>Transaction ID: D7337 Date of Disbursement 06 / 07 / 2005</p>
<p>Mailing Address Dear Hill Road</p>		<p>Amount of Each Disbursement this Period 38.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City State Zip Code Deer Park NY 11729</p>	<p>Purpose of Disbursement automobile expense</p>	
<p>Candidate Name</p>		<p>Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>
<p>State: District:</p>		

<p>C. Full Name (Last, First, Middle Initial) Fedex</p>		<p>Transaction ID: D7339 Date of Disbursement 05 / 11 / 2005</p>
<p>Mailing Address 300 Wheeler Road</p>		<p>Amount of Each Disbursement this Period 19.23</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City State Zip Code Hauppauge NY 11788</p>	<p>Purpose of Disbursement shipping</p>	
<p>Candidate Name</p>		<p>Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>
<p>State: District:</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D7335 Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 21.23	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7336 Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 19.23	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Sheraton		Transaction ID: D7346 Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2005	
Mailing Address 111 Vanderbilt Motor Parkway		Amount of Each Disbursement this Period 363.04	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement travel/entertainment	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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)

PAGE 121 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Sheraton		Transaction ID: D7344 Date of Disbursement 05 / 15 / 2005	
Mailing Address 111 Vanderbilt Motor Parkway		Amount of Each Disbursement this Period 181.28	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement travel/entertainment	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Sheraton		Transaction ID: D7345 Date of Disbursement 05 / 15 / 2005	
Mailing Address 111 Vanderbilt Motor Parkway		Amount of Each Disbursement this Period 141.26	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement travel/entertainment	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D7331 Date of Disbursement 05 / 28 / 2005	
Mailing Address Deer Park Ave		Amount of Each Disbursement this Period 130.34	
City North Babylon State NY Zip Code 11701	Purpose of Disbursement office supplies	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

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)
Steve Israel For Congress Committee

<p>A. Tortilla Coast</p> <p>Full Name (Last, First, Middle Initial) Tortilla Coast</p> <p>Mailing Address 400 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7330</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="380.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Vision United</p> <p>Full Name (Last, First, Middle Initial) Vision United</p> <p>Mailing Address Deer Park Ave</p> <p>City Brentwood State NY Zip Code 11717</p> <p>Purpose of Disbursement gas/travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7340</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. Volvoville</p> <p>Full Name (Last, First, Middle Initial) Volvoville</p> <p>Mailing Address 5700 Merrick Road</p> <p>City Massapequa State NY Zip Code 11758</p> <p>Purpose of Disbursement automobile expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D7333</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1230.87"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Mrs. Lisa Deutsch		Transaction ID: D7266 Date of Disbursement 05 / 13 / 2005	
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 78.49	
City Dix Hills State NY Zip Code 11746	Purpose of Disbursement Reimbursement	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003	

Full Name (Last, First, Middle Initial) B. Backwards Bush		Transaction ID: D7497 Date of Disbursement 06 / 18 / 2005	
Mailing Address www.backwardsbush.com		Amount of Each Disbursement this Period 250.00	
City New York State NY Zip Code 11019	Purpose of Disbursement	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Citgo		Transaction ID: D7494 Date of Disbursement 06 / 14 / 2005	
Mailing Address Dear Hill Road		Amount of Each Disbursement this Period 39.00	
City Deer Park State NY Zip Code 11729	Purpose of Disbursement automobile expense	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 002 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	78.49
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)

PAGE 124 / 145

<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)
Steve Israel For Congress Committee

<p>A. Full Name (Last, First, Middle Initial) Citgo</p>		<p>Transaction ID: D7624 Date of Disbursement 06 / 23 / 2005</p>
<p>Mailing Address Dear Hill Road</p>		<p>Amount of Each Disbursement this Period 39.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City Deer Park State NY Zip Code 11729</p>	<p>Purpose of Disbursement automobile expense Candidate Name</p> <p>Category/Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. Full Name (Last, First, Middle Initial) Citgo</p>		<p>Transaction ID: D7490 Date of Disbursement 06 / 29 / 2005</p>
<p>Mailing Address Dear Hill Road</p>		<p>Amount of Each Disbursement this Period 39.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City Deer Park State NY Zip Code 11729</p>	<p>Purpose of Disbursement automobile expense Candidate Name</p> <p>Category/Type 002</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. Full Name (Last, First, Middle Initial) DH Pizza</p>		<p>Transaction ID: D7502 Date of Disbursement 06 / 23 / 2005</p>
<p>Mailing Address Deer Park Road</p>		<p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>City Dix Hills State NY Zip Code 11746</p>	<p>Purpose of Disbursement fundraising expense Candidate Name</p> <p>Category/Type 003</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D7506 Date of Disbursement 06 / 06 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 12.77	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7505 Date of Disbursement 06 / 06 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 27.65	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D7507 Date of Disbursement 06 / 08 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 20.89	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping	<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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D7493 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 25.29	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7495 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 5	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 34.43	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D7485 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 17.23	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping 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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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)

PAGE 127 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D7488 Date of Disbursement 06 / 28 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 38.52
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7489 Date of Disbursement 06 / 28 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.89
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D7486 Date of Disbursement 06 / 28 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 19.23
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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)

PAGE 128 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Fedex		Transaction ID: D7487 Date of Disbursement 06 / 28 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 14.77
City Hauppauge State NY Zip Code 11788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement shipping Candidate Name	Category/Type	[MEMO ITEM]
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. Fedex		Transaction ID: D7492 Date of Disbursement 06 / 30 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 23.23
City Hauppauge State NY Zip Code 11788	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement shipping Candidate Name	Category/Type	[MEMO ITEM]
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. Haute on the Hill		Transaction ID: D7484 Date of Disbursement 06 / 28 / 2005
Mailing Address 4600 N. Fairfax Dr. Suite 802		Amount of Each Disbursement this Period 595.20
City Arlington State VA Zip Code 22203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraiser expense Candidate Name	Category/Type 003	[MEMO ITEM]
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) ▶	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)

PAGE 129 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Microsoft Online		Transaction ID: D7508 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 5
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 43.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Redmond State WA Zip Code 98052	Purpose of Disbursement internet Candidate Name Category/Type 001	
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. PC Richard and Son		Transaction ID: D7503 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 5
Mailing Address Jericho Turnpike		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 [MEMO ITEM]
City Deer Park State NY Zip Code 11729	Purpose of Disbursement Candidate Name Category/Type 001	
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. Staples		Transaction ID: D7496 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 5
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 26.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Commack State NY Zip Code 11725	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
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) ▶	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)

PAGE 130 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D7491 Date of Disbursement 06 / 29 / 2005	
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 19.55	
City Commack State NY Zip Code 11725	Purpose of Disbursement office supplies Candidate Name	Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D7509 Date of Disbursement 06 / 13 / 2005	
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 271.51	
City Tucson State AZ Zip Code 85731	Purpose of Disbursement telephone Candidate Name	Category/Type 006	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Volvoville		Transaction ID: D7499 Date of Disbursement 06 / 20 / 2005	
Mailing Address 5700 Merrick Road		Amount of Each Disbursement this Period 323.81	
City Massapequa State NY Zip Code 11758	Purpose of Disbursement automobile expense Candidate Name	Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

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)

PAGE 131 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Transaction ID: D7512 Date of Disbursement 06 / 01 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 36.62
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas travel 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Transaction ID: D7515 Date of Disbursement 06 / 06 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 38.50
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas travel 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Transaction ID: D7517 Date of Disbursement 06 / 09 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 29.50
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas travel 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) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Transaction ID: D7520 Date of Disbursement 06 / 18 / 2005	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 37.50	
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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 002	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Transaction ID: D7521 Date of Disbursement 06 / 19 / 2005	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 37.05	
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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 002	

Full Name (Last, First, Middle Initial) C. Hunan Dynasty		Transaction ID: D7518 Date of Disbursement 06 / 13 / 2005	
Mailing Address 215 Pennsylvania Ave SE # 2		Amount of Each Disbursement this Period 31.35	
City Washington State DC Zip Code 20003	Purpose of Disbursement dining	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
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) ▶	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)

PAGE 133 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Hunan Dynasty		Transaction ID: D7525 Date of Disbursement 06 / 23 / 2005
Mailing Address 215 Pennsylvania Ave SE # 2		Amount of Each Disbursement this Period 54.55
City Washington State DC Zip Code 20003	Purpose of Disbursement dining 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Microsoft Online		Transaction ID: D7527 Date of Disbursement 06 / 24 / 2005
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 9.95
City Redmond State WA Zip Code 98052	Purpose of Disbursement internet Candidate Name Category/Type 001	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. US House Members Dining		Transaction ID: D7519 Date of Disbursement 06 / 15 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 32.15
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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)

PAGE 134 / 145

<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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. US House Members Dining		Transaction ID: D7524 Date of Disbursement 06 / 23 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 12.95
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. US House Members Dining		Transaction ID: D7526 Date of Disbursement 06 / 24 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 18.65
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. US House Members Dining		Transaction ID: D7567 Date of Disbursement 06 / 30 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 40.90
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment Candidate Name Category/Type 002	
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

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)

PAGE 135 / 145

<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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
US House Members Dining

Mailing Address US Capitol

City Washington State DC Zip Code 20515

Purpose of Disbursement travel and entertainment

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: D7568
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
66.25

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

87521.25

**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

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)
Steve Israel For Congress Committee

A. BRIAN HIGGINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 28

City BUFFALO State NY Zip Code 14220

Purpose of Disbursement
Contributions

Candidate Name
Brian Higgins

Office Sought: House
 Senate
 President
State: NY District: 27

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: D7217

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. CHET EDWARDS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement
Contributions

Candidate Name
Chet Edwards

Office Sought: House
 Senate
 President
State: TX District: 17

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D7234

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Commerce Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1701 Route 70 East

City Cherry Hill State NJ Zip Code 08034-5400

Purpose of Disbursement
Bank Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D7244

Date of Disbursement

05 / 02 / 2005

Amount of Each Disbursement this Period

14.46

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

8014.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 137 / 145

<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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Commerce Bank		Transaction ID: D7240 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 10.00
City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Interest Expense 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. Commerce Bank		Transaction ID: D7242 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 31.75
City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Interest Expense 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. Commerce Bank		Transaction ID: D7243 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 30.00
City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Interest Expense 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) ▶	71.75
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

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)
Steve Israel For Congress Committee

A. COMMITTEE TO BRING BACK BARON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement
Donations

Candidate Name
Baron Hill

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: D7249

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. FRIENDS OF JOE LIEBERMAN

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 231294
STATE HOUSE SQUARE

City STATE HOUSE SQUARE State CT Zip Code 06123

Purpose of Disbursement
contributions

Candidate Name
Joe Lieberman

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CT District: 00

Transaction ID: D8974

Date of Disbursement

05 / 09 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Herseth for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contributions

Candidate Name
Stephanie Herseth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: SD District:

Transaction ID: D7308

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. LAMPSON FOR CONGRESS		Transaction ID: D7257 Date of Disbursement 06 / 30 / 2005
Mailing Address P O BOX 21578		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City BEAUMONT State TX Zip Code 77720	011 Category/ Type	
Purpose of Disbursement Political Contribution Candidate Name Nick Lampson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX 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. MATHESON FOR CONGRESS		Transaction ID: D7268 Date of Disbursement 04 / 29 / 2005
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Salt Lake City State UT Zip Code 84101	Category/ Type	
Purpose of Disbursement Contributions Candidate Name Jim Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MOORE FOR CONGRESS		Transaction ID: D7280 Date of Disbursement 04 / 29 / 2005
Mailing Address PO BOX 14631		Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Shawnee Mission State KS Zip Code 66285	Category/ Type	
Purpose of Disbursement Contributions Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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)

PAGE 140 / 145

<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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. BRIAN HIGGINS FOR CONGRESS		Transaction ID: D7461 Date of Disbursement
Mailing Address PO BOX 28		<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City BUFFALO	State NY	Zip Code 14220
Purpose of Disbursement retribution	<input type="text" value="011"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name Brian Higgins	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: NY	District: 27	

Full Name (Last, First, Middle Initial) B. BRIAN HIGGINS FOR CONGRESS		Transaction ID: D7462 Date of Disbursement
Mailing Address PO BOX 28		<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City BUFFALO	State NY	Zip Code 14220
Purpose of Disbursement retribution	<input type="text" value="011"/>	Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name Brian Higgins	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: NY	District: 27	

Full Name (Last, First, Middle Initial) C. BRIAN HIGGINS FOR CONGRESS		Transaction ID: D7460 Date of Disbursement
Mailing Address PO BOX 28		<input type="text" value="04"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="05"/>
City BUFFALO	State NY	Zip Code 14220
Purpose of Disbursement retribution	<input type="text" value="011"/>	Amount of Each Disbursement this Period <input type="text" value="-4000.00"/>
Candidate Name Brian Higgins	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: NY	District: 27	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
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)

PAGE 141 / 145

<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

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)
Steve Israel For Congress Committee

A. Full Name (Last, First, Middle Initial)
CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement
retribution

Candidate Name
Chet Edwards

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 17

Transaction ID: D7464

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement
retribution

Candidate Name
Chet Edwards

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 17

Transaction ID: D7465

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement
retribution

Candidate Name
Chet Edwards

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 17

Transaction ID: D7463

Date of Disbursement

04 / 29 / 2005

Amount of Each Disbursement this Period

-4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

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)

PAGE 142 / 145

<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

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)
Steve Israel For Congress Committee

A. COMMITTEE TO BRING BACK BARON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement
retribution

Candidate Name
Baron Hill

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: D7468

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B. COMMITTEE TO BRING BACK BARON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement
retribution

Candidate Name
Baron Hill

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: D7467

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C. COMMITTEE TO BRING BACK BARON

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1071

City SEYMOUR State IN Zip Code 47274

Purpose of Disbursement
retribution

Candidate Name
Baron Hill

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: IN District: 09

Transaction ID: D7466

Date of Disbursement

05 / 10 / 2005

Amount of Each Disbursement this Period

-4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

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)

PAGE 143 / 145

<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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. MATHESON FOR CONGRESS		Transaction ID: D7471 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 2000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement reattribution Candidate Name Jim Matheson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. MATHESON FOR CONGRESS		Transaction ID: D7470 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 2000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement reattribution Candidate Name Jim Matheson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input checked="" 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]

Full Name (Last, First, Middle Initial) C. MATHESON FOR CONGRESS		Transaction ID: D7469 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period -4000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement reattribution Candidate Name Jim Matheson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input checked="" 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]

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)

PAGE 144 / 145

<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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. MOORE FOR CONGRESS		Transaction ID: D7473 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address PO BOX 14631		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Shawnee Mission State KS Zip Code 66285	011 Category/Type	
Purpose of Disbursement reattribution Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MOORE FOR CONGRESS		Transaction ID: D7474 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address PO BOX 14631		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Shawnee Mission State KS Zip Code 66285	011 Category/Type	
Purpose of Disbursement reattribution Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MOORE FOR CONGRESS		Transaction ID: D7472 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address PO BOX 14631		Amount of Each Disbursement this Period -4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Shawnee Mission State KS Zip Code 66285	011 Category/Type	
Purpose of Disbursement reattribution Candidate Name Dennis Moore		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2006 <input checked="" 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)

PAGE 145 / 145

<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

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)
Steve Israel For Congress Committee

Full Name (Last, First, Middle Initial) A. Herseth for Congress		Transaction ID: D7476 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Sioux Falls	State SD		Zip Code 57101
Purpose of Disbursement retribution			Category/ Type 011
Candidate Name Stephanie Herseth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD District:			

Full Name (Last, First, Middle Initial) B. Herseth for Congress		Transaction ID: D7477 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Sioux Falls	State SD		Zip Code 57101
Purpose of Disbursement retribution			Category/ Type 011
Candidate Name Stephanie Herseth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD District:			

Full Name (Last, First, Middle Initial) C. Herseth for Congress		Transaction ID: D7475 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address PO Box 2009		Amount of Each Disbursement this Period -4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
City Sioux Falls	State SD		Zip Code 57101
Purpose of Disbursement retribution			Category/ Type
Candidate Name Stephanie Herseth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: SD District:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	27086.21