# SCHEDULE A
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 326 / 1639

SASI1

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NAME OF COMMITTEE (In Full)
NF #5

**A.**
Full Name (Last, First, Middle Initial)
Bailey F. Kenneth

Mailing Address
8441 Gulf Freeway Suite 600

City: Houston | State: TX | Zip Code: 77017-5001

FEC ID number of contributing federal political committee.

Name of Employer: Williams Bailey Law Firm, L.L.P.
Occupation: Partner

Receipt For: Primary General
Other (specify)

Election Cycle-to-Date: 200000.00

Date of Receipt: 09 16 2002

Amount of Each Receipt this Period: 200000.00

[MEMO ITEM]

Transaction ID: D42801-22822
Account: C60001492

**B.**
Full Name (Last, First, Middle Initial)
Samara Eyob A.

Mailing Address
700 King Farm Blvd.

City: Rockville | State: MD | Zip Code: 20850

FEC ID number of contributing federal political committee.

Name of Employer: Yenura, LLC
Occupation: Partner

Receipt For: Primary General
Other (specify)

Election Cycle-to-Date: 25000.00

Date of Receipt: 09 20 2002

Amount of Each Receipt this Period: 25000.00

[MEMO ITEM]

Transaction ID: D42917-163542
Account: C60001492

**C.**
Full Name (Last, First, Middle Initial)
Samara-Shimo Rahel

Mailing Address
700 King Fram Blvd

City: Rockville | State: MD | Zip Code: 20850

FEC ID number of contributing federal political committee.

Name of Employer: Yenura, LLC
Occupation: Partner

Receipt For: Primary General
Other (specify)

Election Cycle-to-Date: 25000.00

Date of Receipt: 09 20 2002

Amount of Each Receipt this Period: 25000.00

[MEMO ITEM]

Transaction ID: D42917-171609
Account: C60001492

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

**TOTAL** This Period (last page this line number only) ..... ▶ **1771005.12**

# SCHEDULE I (FEC Form 3X)

## AGGREGATION PAGE
## NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

Transaction ID: SI-227

NAME OF COMMITTEE (In Full)
NF #6

NAME OF ACCOUNT
Non-Federal Account #6

Coverage Period
From: 07 01 2002 To: 09 30 2002

Account: C600D1500

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|---|---|---|
| **RECEIPTS** (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of $200 During the Calendar Year) | | |
| 1. TOTAL RECEIPTS: ..... | 4095.00 | 47691.50 |
| **DISBURSEMENTS:** (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of $200 During the Calendar Year) | | |
| 2. Transfers to Federal or Allocation Account for Allocable Expenses ..... | 0.00 | 0.00 |
| 3. Transfers to State/Local Party Organizations ..... | 16000.00 | 16000.00 |
| 4. Direct State/Local Candidate Support ..... | 0.00 | 6200.00 |
| 5. Other Disbursements ..... | 10915.95 | 26331.80 |
| 6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5) ..... | 26915.95 | 48531.80 |
| **SUMMARY** | | |
| 7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) ..... | 22928.11 | 947.46 |
| 8. RECEIPTS (from Line 1) ..... | 4095.00 | 47691.50 |
| 9. SUBTOTAL ..... | 27023.11 | 48638.96 |
| 10. DISBURSEMENTS (from Line 6) ..... | 26915.95 | 48531.80 |
| 11. ENDING CASH ON HAND..... | 107.16 | 107.16 |

# SCHEDULE B
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: SB3I3



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NAME OF COMMITTEE (In Full)
NF #6

A.

Full Name (Last, First, Middle Initial)
Suffolk County Democratic Party

Mailing Address
816 Deer Park Avenue

City: North Babylon
State: NY
Zip Code: 11703

Purpose of Disbursement
Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
08 23 2002

Amount of Each Disbursement this Period
16000.00

Transaction ID: SB3I3-2743
Account: C60001500

B.

C.

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... ▶ | **16000.00** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **16000.00** |

# SCHEDULE B
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: SBSI5



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NAME OF COMMITTEE (In Full)
NF #6

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

Mailing Address
Campaign Cmte. - Expenditures 430 South Capitol Street, SE
City: Washington State: DC Zip Code: 20003

Purpose of Disbursement
Transfer

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 20 / 2002

Amount of Each Disbursement this Period: 10000.00

Transaction ID: SBSI5-2869
Account: C60001500

**B.**
Full Name (Last, First, Middle Initial)
Fleet Bank

Mailing Address
56 East 42nd Street
City: New York State: NY Zip Code: 10017

Purpose of Disbursement
Bank Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 30 / 2002

Amount of Each Disbursement this Period: 15.95

Transaction ID: SBSI5-3117
Account: C60001500

**C.**
Full Name (Last, First, Middle Initial)
Democratic Congressional

Mailing Address
Campaign Cmte. - Expenditures 430 South Capitol Street, SE
City: Washington State: DC Zip Code: 20003

Purpose of Disbursement
Transfer

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 30 / 2002

Amount of Each Disbursement this Period: 900.00

Transaction ID: SBSI5-2999
Account: C60001500

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **10915.95**

**TOTAL** This Period (last page this line number only) ..... ▶ **10915.95**