

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SEC. OF STATE SENATE
60 FEB -1 PM 1:57

Office Use Only

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

ADDRESS (number and street) 509 Madison Ave.
Suite 1902
New York NY 10022
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00346312
CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NY 00

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 10 01 2007 through 12 31 2007

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 Steven D. Goldenkranz

Signature of Treasurer *Steven D. Goldenkranz* Date 01 14 2008

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

Office Use Only									
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FEC FORM 3
(Revised 02/2003)

20020052549

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Friends of Schumer

Report Covering the Period: From:

M	M
10	

D	D
01	

Y	Y	Y	Y
2007			

 To:

M	M
12	

D	D
31	

Y	Y	Y	Y
2007			

	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)).....	1142.85	51908.25
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	7740.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1142.85	44168.25
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	26683.24	961599.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	1239.02	23284.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25444.22	938315.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10324995.81	
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

20020052550

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Friends of Schumer

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals..... ▶

0.00
142.85
142.85

29050.00
1758.25
30808.25

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACS).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

0.00
1000.00
0.00
1142.85

0.00
21100.00
0.00
51908.25

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

0.00

0.00

13. LOANS

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00
0.00
0.00

0.00
0.00
0.00

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

1239.02

23284.62

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

136642.73

1134654.33

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

139024.60

1209847.20

20020052551

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26683.24	961599.87
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	7740.00
(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	7740.00
21. OTHER DISBURSEMENTS.....	0.00	76670.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	26683.24	1046009.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10212654.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	139024.60
25. SUBTOTAL (add Line 23 and Line 24).....	10351679.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26683.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10324995.81

20020052552

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

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

FOR LINE NUMBER: PAGE 5 / 25

(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)

Friends of Schumer

A.

Full Name (Last, First, Middle Initial)

Google Net PAC

Mailing Address 1001 Pennsylvania Ave. NW
Suite 600 South Concourse

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00428623

Name of Employer

Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
12 / 26 / 2007

Transaction ID: C39103

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)

1000.00

200702052552

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

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

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Schumer

A.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16181.19

Date of Receipt

10 / 02 / 2007

Transaction ID: C39105

Amount of Each Receipt this Period

413.36

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

Telephone Expense

B.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16181.19

Date of Receipt

10 / 26 / 2007

Transaction ID: C39106

Amount of Each Receipt this Period

412.33

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

Telephone Expense

C.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St., SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00042366

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16181.19

Date of Receipt

12 / 10 / 2007

Transaction ID: C39107

Amount of Each Receipt this Period

413.33

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

Telephone Expense

SUBTOTAL of Receipts This Page (optional) ▶

1239.02

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

1239.02

2007052554

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

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

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Schumer

A.

Full Name (Last, First, Middle Initial)

HSBC Bank USA

Mailing Address 1602 Kings Highway

City State Zip Code
Brooklyn NY 11229

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
29979.03

Date of Receipt

MM / DD / YYYY
10 / 31 / 2007

Transaction ID: C39108

Amount of Each Receipt this Period

58.13

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

* Interest

B.

Full Name (Last, First, Middle Initial)

HSBC Bank USA

Mailing Address 1602 Kings Highway

City State Zip Code
Brooklyn NY 11229

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
29979.03

Date of Receipt

MM / DD / YYYY
11 / 30 / 2007

Transaction ID: C39109

Amount of Each Receipt this Period

45.64

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

* Interest

C.

Full Name (Last, First, Middle Initial)

HSBC Bank USA

Mailing Address 1602 Kings Highway

City State Zip Code
Brooklyn NY 11229

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
29979.03

Date of Receipt

MM / DD / YYYY
12 / 31 / 2007

Transaction ID: C39110

Amount of Each Receipt this Period

49.32

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

* Interest

SUBTOTAL of Receipts This Page (optional) ▶

153.09

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

28020032355

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

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

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Schumer

A.

Full Name (Last, First, Middle Initial)

Janney Montgomery Scott, LLC

Mailing Address 9201 Fourth Ave.
4th Floor

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1107570.27

Date of Receipt

MM / DD / YYYY
10 / 31 / 2007

Transaction ID: C39111

Amount of Each Receipt this Period

37557.73

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

* Interest

B.

Full Name (Last, First, Middle Initial)

Janney Montgomery Scott, LLC

Mailing Address 9201 Fourth Ave.
4th Floor

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1107570.27

Date of Receipt

MM / DD / YYYY
11 / 30 / 2007

Transaction ID: C39112

Amount of Each Receipt this Period

48630.03

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

* Interest

C.

Full Name (Last, First, Middle Initial)

Janney Montgomery Scott, LLC

Mailing Address 9201 Fourth Ave.
4th Floor

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1107570.27

Date of Receipt

MM / DD / YYYY
11 / 30 / 2007

Transaction ID: C39114

Amount of Each Receipt this Period

217.04

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

* Interest

SUBTOTAL of Receipts This Page (optional) ▶

86404.80

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

20020052556

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

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

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC

Mailing Address 9201 Fourth Ave.
4th Floor

City State Zip Code
Brooklyn NY 11209

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1107570.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7		

Transaction ID: C39113

Amount of Each Receipt this Period
582.27

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

* Interest

B. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC

Mailing Address 9201 Fourth Ave.
4th Floor

City State Zip Code
Brooklyn NY 11209

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1107570.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	7		

Transaction ID: C39115

Amount of Each Receipt this Period
402.05

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

* Interest

C. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC

Mailing Address 9201 Fourth Ave.
4th Floor

City State Zip Code
Brooklyn NY 11209

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1107570.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7		

Transaction ID: C39116

Amount of Each Receipt this Period
-610.38

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

* Interest Expense

SUBTOTAL of Receipts This Page (optional) ▶ **373.94**

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

26020052557

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.

Full Name (Last, First, Middle Initial) Janney Montgomery Scott, LLC		Date of Receipt MM / DD / YYYY 12 / 21 / 2007
Mailing Address 9201 Fourth Ave. 4th Floor		Transaction ID: C39117
City Brooklyn	State NY	Zip Code 11209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -380.31	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1107570.27	
* Interest Expense		

B.

Full Name (Last, First, Middle Initial) Janney Montgomery Scott, LLC		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 9201 Fourth Ave. 4th Floor		Transaction ID: C39118
City Brooklyn	State NY	Zip Code 11209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50091.21	
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1107570.27	
* Interest		

SUBTOTAL of Receipts This Page (optional)	▶	49710.90
TOTAL This Period (last page this line number only)	▶	136642.73

28020052558

**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 12 / 25	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.	Full Name (Last, First, Middle Initial) Air Charter Express	Transaction ID: D6095 Date of Disbursement 12 / 10 / 2007
	Mailing Address 8530 Seneca Turnpike	Amount of Each Disbursement this Period 4410.58
	City New Hartford State NY Zip Code 13413	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Air Charter Express	Transaction ID: D6096 Date of Disbursement 12 / 10 / 2007
	Mailing Address 8530 Seneca Turnpike	Amount of Each Disbursement this Period 3613.86
	City New Hartford State NY Zip Code 13413	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) City of New York	Transaction ID: D6089 Date of Disbursement 10 / 23 / 2007
	Mailing Address City Hall - Bullpen 36 Chambers St.	Amount of Each Disbursement this Period 80.00
	City New York State NY Zip Code 10007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Transportation Candidate Name Category/Type 002	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	8104.44
TOTAL This Period (last page this line number only)	

28020052560

**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 13 / 25
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.

Full Name (Last, First, Middle Initial)
City of New York

Mailing Address City Hall - Bullpen
36 Chambers St.

City New York State NY Zip Code 10007

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D6090
Date of Disbursement 12 / 10 / 2007

Amount of Each Disbursement this Period 65.26

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

002
Category/Type

B.

Full Name (Last, First, Middle Initial)
City of New York

Mailing Address City Hall - Bullpen
36 Chambers St.

City New York State NY Zip Code 10007

Purpose of Disbursement Transportation
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D6091
Date of Disbursement 12 / 10 / 2007

Amount of Each Disbursement this Period 232.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

002
Category/Type

C.

Full Name (Last, First, Middle Initial)
Steven D. Goldenkranz

Mailing Address 1551 E 23rd St.

City Brooklyn State NY Zip Code 11210

Purpose of Disbursement Professional Services-Bookkeeping
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D6073
Date of Disbursement 10 / 02 / 2007

Amount of Each Disbursement this Period 600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 897.31

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

26020052561

**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 14 / 25
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.	Full Name (Last, First, Middle Initial) Steven D. Goldenkranz	Transaction ID: D6074
	Mailing Address 1551 E 23rd St.	Date of Disbursement 11 / 01 / 2007
	City Brooklyn State NY Zip Code 11210	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Professional Services-Bookkeeping 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Steven D. Goldenkranz	Transaction ID: D6075
	Mailing Address 1551 E 23rd St.	Date of Disbursement 12 / 01 / 2007
	City Brooklyn State NY Zip Code 11210	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement Professional Services-Bookkeeping 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) HSBC Bank USA	Transaction ID: D6109
	Mailing Address 1602 Kings Highway	Date of Disbursement 11 / 16 / 2007
	City Brooklyn State NY Zip Code 11229	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Bank Charge 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	1230.00
TOTAL This Period (last page this line number only)	

26020052562

**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 15 / 25
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.

Full Name (Last, First, Middle Initial)
Michael Lynch

Mailing Address 2252 Cathedral Ave.

City Washington State DC Zip Code 20010

Purpose of Disbursement
Political Consultant-Communications

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D6111
Date of Disbursement 12 / 31 / 2007

Amount of Each Disbursement this Period 3750.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

B.

Full Name (Last, First, Middle Initial)
NGP Software, Inc.

Mailing Address 5039 Connecticut Ave., NW Suite 1A

City Washington State DC Zip Code 20008

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D6082
Date of Disbursement 10 / 04 / 2007

Amount of Each Disbursement this Period 900.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

C.

Full Name (Last, First, Middle Initial)
Ryan, Phillips, Utrecht & MacKinnon

Mailing Address 1133 Connecticut Ave., NW Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Professional Services-Legal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D6110
Date of Disbursement 12 / 18 / 2007

Amount of Each Disbursement this Period 54.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4704.66

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

20020052563

**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 16 / 25
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Tuck It Away Storage

Mailing Address 517 West 29th St.

City New York State NY Zip Code 10001

Purpose of Disbursement Storage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6084
Date of Disbursement 10 / 23 / 2007

Amount of Each Disbursement this Period 152.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

B. Full Name (Last, First, Middle Initial)
Tuck It Away Storage

Mailing Address 517 West 29th St.

City New York State NY Zip Code 10001

Purpose of Disbursement Storage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6083
Date of Disbursement 10 / 23 / 2007

Amount of Each Disbursement this Period 126.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

C. Full Name (Last, First, Middle Initial)
Tuck It Away Storage

Mailing Address 517 West 29th St.

City New York State NY Zip Code 10001

Purpose of Disbursement Storage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6085
Date of Disbursement 11 / 26 / 2007

Amount of Each Disbursement this Period 152.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 432.30

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

28020032564

**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 17 / 25
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial) Tuck It Away Storage Mailing Address 517 West 29th St. City New York State NY Zip Code 10001 Purpose of Disbursement Storage Candidate Name	Transaction ID: D6086 Date of Disbursement 11 / 26 / 2007 Amount of Each Disbursement this Period 126.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Tuck It Away Storage Mailing Address 517 West 29th St. City New York State NY Zip Code 10001 Purpose of Disbursement Storage Candidate Name	Transaction ID: D6088 Date of Disbursement 12 / 18 / 2007 Amount of Each Disbursement this Period 126.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Tuck It Away Storage Mailing Address 517 West 29th St. City New York State NY Zip Code 10001 Purpose of Disbursement Storage Candidate Name	Transaction ID: D6087 Date of Disbursement 12 / 18 / 2007 Amount of Each Disbursement this Period 152.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	405.90
TOTAL This Period (last page this line number only)	

28020052565

**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 18 / 25
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.

Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D6066 Date of Disbursement 10 / 02 / 2007
Mailing Address P.O. Box 4980	Amount of Each Disbursement this Period 10.42
City Hagerstown State MD Zip Code 21747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.

Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D6068 Date of Disbursement 10 / 11 / 2007
Mailing Address P.O. Box 4980	Amount of Each Disbursement this Period 30.80
City Hagerstown State MD Zip Code 21747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D6067 Date of Disbursement 10 / 11 / 2007
Mailing Address P.O. Box 4980	Amount of Each Disbursement this Period 48.50
City Hagerstown State MD Zip Code 21747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Postage Candidate Name	001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	89.72
TOTAL This Period (last page this line number only)	

26020052566

**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 19 / 25
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6069
Date of Disbursement 10 / 26 / 2007

Amount of Each Disbursement this Period 86.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6070
Date of Disbursement 11 / 15 / 2007

Amount of Each Disbursement this Period 20.07

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6071
Date of Disbursement 12 / 10 / 2007

Amount of Each Disbursement this Period 10.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 116.97

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

28020052567

**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 20 / 25
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.	Full Name (Last, First, Middle Initial) United Parcel Service	Transaction ID: D6072
	Mailing Address P.O. Box 4980	Date of Disbursement 12 / 17 / 2007
	City Hagerstown State MD Zip Code 21747	Amount of Each Disbursement this Period 18.64
	Purpose of Disbursement Postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
	Category/Type: 001	

B.	Full Name (Last, First, Middle Initial) US Senate Restaurant	Transaction ID: D6097
	Mailing Address 1st & C St., NW	Date of Disbursement 10 / 25 / 2007
	City Washington State DC Zip Code 20510	Amount of Each Disbursement this Period 162.41
	Purpose of Disbursement Meetings/Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
	Category/Type: 001	

C.	Full Name (Last, First, Middle Initial) US Senate Restaurant	Transaction ID: D6098
	Mailing Address 1st & C St., NW	Date of Disbursement 12 / 10 / 2007
	City Washington State DC Zip Code 20510	Amount of Each Disbursement this Period 131.31
	Purpose of Disbursement Meetings/Meals	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	
	Category/Type: 001	

SUBTOTAL of Disbursements This Page (optional)	312.36
TOTAL This Period (last page this line number only)	

28020052568

**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 21 / 25
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D6079 Date of Disbursement 10 / 04 / 2007
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 588.21
	City Foxboro State MA Zip Code 02035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Professional Services Accounting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D6080 Date of Disbursement 12 / 10 / 2007
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 734.51
	City Foxboro State MA Zip Code 02035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Professional Services Accounting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D6081 Date of Disbursement 12 / 10 / 2007
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 1765.76
	City Foxboro State MA Zip Code 02035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Professional Services Accounting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3088.48
TOTAL This Period (last page this line number only)	

200702052565

**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 22 / 25

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

<p>A. Full Name (Last, First, Middle Initial) XO Communications</p> <p>Mailing Address PO Box 828618</p> <p>City Philadelphia State PA Zip Code 19182</p> <p>Purpose of Disbursement Telephone 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D6076 Date of Disbursement 10 / 04 / 2007</p> <p>Amount of Each Disbursement this Period 549.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) XO Communications</p> <p>Mailing Address PO Box 828618</p> <p>City Philadelphia State PA Zip Code 19182</p> <p>Purpose of Disbursement Telephone 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D6077 Date of Disbursement 11 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 551.11</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) XO Communications</p> <p>Mailing Address PO Box 828618</p> <p>City Philadelphia State PA Zip Code 19182</p> <p>Purpose of Disbursement Telephone 001 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D6078 Date of Disbursement 12 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 558.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1658.88</p>
<p>TOTAL This Period (last page this line number only)</p>	<p> </p>

28020052570

**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 23 / 25	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D6099
	Mailing Address P.O. Box 2853	Date of Disbursement 11 / 15 / 2007
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period 141.48
	Purpose of Disbursement Credit Card - See Below If Itemized 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D6101
	Mailing Address P.O. Box 2853	Date of Disbursement 12 / 11 / 2007
	City New York State NY Zip Code 10116	Amount of Each Disbursement this Period 816.53
	Purpose of Disbursement Credit Card - See Below If Itemized 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Clydes of Gallery	Transaction ID: D6104
	Mailing Address 707 7th St NW	Date of Disbursement 12 / 11 / 2007
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 76.20
	Purpose of Disbursement Meeting/Meals 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	958.01
TOTAL This Period (last page this line number only)	

26020052571

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A.

Full Name (Last, First, Middle Initial)
Hunan Dynasty

Mailing Address 215 Pennsylvania Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meeting/Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6103
Date of Disbursement 12 / 11 / 2007

Amount of Each Disbursement this Period 100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Lounge 201

Mailing Address 201 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Meeting/Meals

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6102
Date of Disbursement 12 / 11 / 2007

Amount of Each Disbursement this Period 500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Postmaster

Mailing Address JA Farley Post Office

City New York State NY Zip Code 10001

Purpose of Disbursement Postage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D6105
Date of Disbursement 12 / 11 / 2007

Amount of Each Disbursement this Period 23.55

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) ▶

28020052572

**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 25 / 25
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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

NAME OF COMMITTEE (In Full)
Friends of Schumer

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D6106 Date of Disbursement 12 / 11 / 2007
	Mailing Address 2892 Ocean Ave. City Brooklyn State NY Zip Code 11235 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 116.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Chase Card Services	Transaction ID: D6107 Date of Disbursement 11 / 15 / 2007
	Mailing Address P.O. Box 15298 City Wilmington State DE Zip Code 19850 Purpose of Disbursement Credit Card - See Below If Itemized Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 218.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.	Full Name (Last, First, Middle Initial) Flower Den	Transaction ID: D6108 Date of Disbursement 11 / 15 / 2007
	Mailing Address 6960 Bradlick Shopping Court City Annandale State VA Zip Code 22003 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 218.95 <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)	218.95
TOTAL This Period (last page this line number only)	26677.60

26020052573

FIRST CLASS
FIRST CLASS
FIRST CLASS

9500 4000 0001 0002



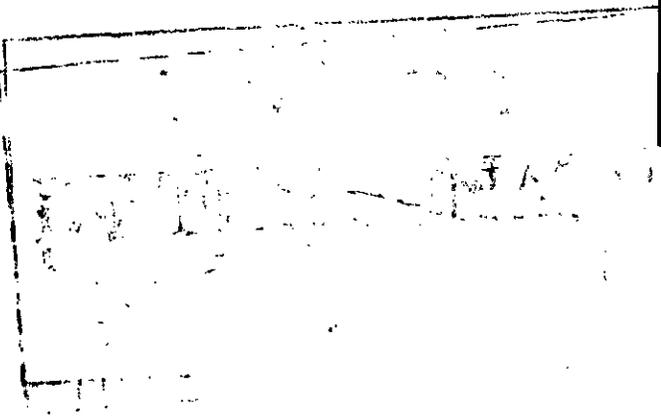
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
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Certified Public Accountants
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ALEXANDRIA, VA 22301-0109



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NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-2116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Date of Receipt or Postmark

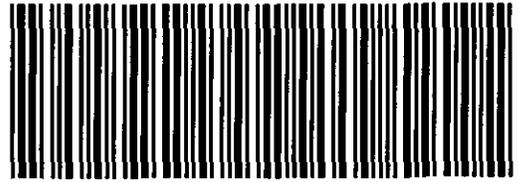
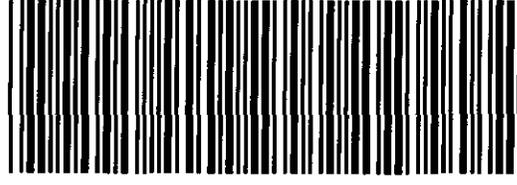
PREPARER

RED

DATE PREPARED

02-01-08

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28020052576