

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 07 01 2005 through 09 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 04 02 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

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)).....	145724.49	582117.32
(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)).....	145724.49	576867.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	68077.15	299475.56
(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)).....	68077.15	299325.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	842573.17	
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

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).....

45120.00

295739.44

(ii) Unitemized.....

5275.00

13974.56

(iii) TOTAL of contributions

50395.00

309714.00

from individuals..... ▶

21.72

39.55

(b) Political Party Committees.....

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

95307.77

272363.77

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

145724.49

582117.32

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

0.00

0.00

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

0.00

150.42

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

732.19

1499.26

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

146456.68

583767.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	68077.15	299475.56
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.....	7964.17	204617.38
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76041.32	509342.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	772157.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	146456.68
25. SUBTOTAL (add Line 23 and Line 24).....	918614.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76041.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	842573.17

**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 / 130
	<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 P. Awad		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2005	
Mailing Address 47 Spring Court		Transaction ID: C8534	
City State Zip Code Muttontown 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 Occupation SILBERSTEIN AWAD & MIKLOS Attorney			
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. Mr. Larry F. Ayres		Date of Receipt M M / D D / Y Y Y Y Y 09 / 23 / 2005	
Mailing Address 660 South Atlantic Avenue		Transaction ID: C8577	
City State Zip Code Virginia Beach VA 23451		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 Occupation Adecco senior vp/ government relations			
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. Mr. Andrew Bader		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005	
Mailing Address 63 Floral Drive W.		Transaction ID: C8432	
City State Zip Code Plainview NY 11803		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 Occupation Mercury Tax VP of Accounting			
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) ▶	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 6 / 130
	<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 Boughal

Mailing Address 3681 Horseblock Road

City State Zip Code
Medford NY 11763

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

Name of Employer Occupation
SUFFOLK FEDERAL CREDIT UNION President & CEO

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

400.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2005

Transaction ID: C8546

Amount of Each Receipt this Period
150.00

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

B. Full Name (Last, First, Middle Initial)
Mr. Brian W. Boyle

Mailing Address ADVANCED ACOUSTIC CONCEPTS
7556 Hawks Landing Drive

City State Zip Code
West Palm Beach FL 33412

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

Name of Employer Occupation
ADVANCED ACOUSTIC CONCEPTS Executive VP

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

2100.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2005

Transaction ID: C8449

Amount of Each Receipt this Period
1600.00

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

C. Full Name (Last, First, Middle Initial)
Mr. Brian W. Boyle

Mailing Address ADVANCED ACOUSTIC CONCEPTS
7556 Hawks Landing Drive

City State Zip Code
West Palm Beach FL 33412

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

Name of Employer Occupation
ADVANCED ACOUSTIC CONCEPTS Executive VP

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

2100.00

Date of Receipt
MM / DD / YYYY
09 / 27 / 2005

Transaction ID: C8590

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)	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 7 / 130
	<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. Thomas Buonaiuto

Mailing Address 3 Samuels Path

City State Zip Code
Miller Place NY 11764

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

Name of Employer LI COMMERCIAL BANK Occupation CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2005

Transaction ID: C8525

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. William T. Burdo

Mailing Address 5 Meadow Lane

City State Zip Code
Lloyd Harbor NY 11743

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

Name of Employer Duffy Duffy and Burdo Occupation attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: C8586

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. Michael Carnovale

Mailing Address 47-18th Avenue

City State Zip Code
Ronkonkoma NY 11779

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

Name of Employer ADVANCED ACOUSTIC CONCEPTS Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2005

Transaction ID: C8447

Amount of Each Receipt this Period
1600.00

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

SUBTOTAL of Receipts This Page (optional)	3850.00
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 / 130
	<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 Colin

Mailing Address 1520 Northern Boulevard

City State Zip Code
Manhasset NY 11030

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

Name of Employer COLIN CONSTRUCTION MGMT Occupation Executive

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
07 / 19 / 2005

Transaction ID: C8440

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. Fred Colin

Mailing Address 1520 Northern Boulevard

City State Zip Code
Manhasset NY 11030

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

Name of Employer COLIN CONSTRUCTION MGMT Occupation Executive

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
07 / 19 / 2005

Transaction ID: C8439

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. Joshua Dipierro

Mailing Address PO Box 2964

City State Zip Code
Lake Ronkonkoma NY 11779

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

Name of Employer Occupation financial analyst

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
07 / 19 / 2005

Transaction ID: C8413

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: (check only one)	PAGE 9 / 130
	<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. Mrs. Diane Duffy		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 20 Storyland Road		Transaction ID: C8588	
City State Zip Code Saint James NY 11780-3124		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 Self Employed	Occupation Homemaker		
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. Mrs. Mary Ellen Duffy		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 2775 Wunneweta Road		Transaction ID: C8589	
City State Zip Code Cutchoque NY 11935-2617		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 homemaker	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) C. Mrs. Mary Ellen Duffy		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 2775 Wunneweta Road		Transaction ID: C8587	
City State Zip Code Cutchoque NY 11935-2617		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 homemaker	Occupation homemaker		
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) ▶	6200.00
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 / 130
	<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. Robert Dunigan, Jr.

Mailing Address 1328 East Main Street

City State Zip Code
Riverhead NY 11901

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

Name of Employer self Occupation attorney

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
09 / 23 / 2005

Transaction ID: C8584

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. Martin Edelman

Mailing Address 355 South End Avenue

City State Zip Code
New York NY 10280

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

Name of Employer Self Employed Occupation 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
07 / 19 / 2005

Transaction ID: C8416

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. Mark Epstein

Mailing Address 8 Rawlings Drive

City State Zip Code
Melville NY 11747

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

Name of Employer Pazer and Epstein 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
07 / 19 / 2005

Transaction ID: C8423

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) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 130
	<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. Mark Epstein		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2005	
Mailing Address 8 Rawlings Drive		Transaction ID: C8491	
City State Zip Code Melville NY 11747	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 Pazer and Epstein	Occupation Attorney		
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. Mr. Thomas F Goldrick, Jr		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2005	
Mailing Address 1 Pell Lane		Transaction ID: C8528	
City State Zip Code Syosset NY 11791	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 State Bank of LI	Occupation Chairman and Chief Exec. Officer		
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. Mr. Jordan Hecht		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005	
Mailing Address 185 East 85th Street, 15H		Transaction ID: C8418	
City State Zip Code New York NY 10028	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 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 ▼ 250.00		

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 12 / 130
	<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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: C8607

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. Charles Hirsch

Mailing Address 7 Hemingway Drive

City State Zip Code
Dix Hills NY 11746

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

Name of Employer MILBROOK PROPERTIES Occupation Real Estate

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
07 / 19 / 2005

Transaction ID: C8441

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. Michael Jaffe

Mailing Address 14 David Drive

City State Zip Code
Syosset NY 11791

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2005

Transaction ID: C8431

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) ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 130
	<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. Timothy Jenkins

Mailing Address 7515 Honesty Way

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
O'Connor and Hannan LLP 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
09 / 27 / 2005

Transaction ID: C8585

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)
Mrs. Janie Jones

Mailing Address PO Box 1015

City State Zip Code
Cleveland TN 37364

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

Name of Employer Occupation
Self employed homemaker

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

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: C8619

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. Thomas S. Kohlmann

Mailing Address Po Box 392

City State Zip Code
Riverhead NY 11901

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

Name of Employer Occupation
Suffolk County National Bank Banker

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
08 / 18 / 2005

Transaction ID: C8524

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) ► **3500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 130
	<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. Richard S. Lawless

Mailing Address 44 Roosevelt Avenue

City State Zip Code
Nesconset NY 11767

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

Name of Employer
ADVANCED ACOUSTIC CONCEPTS

Occupation
Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2005

Transaction ID: C8448

Amount of Each Receipt this Period
1200.00

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

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

Mailing Address 240-67 42nd Avenue

City State Zip Code
Douglaston NY 11363

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

Name of Employer
NEW MARK & COMPANY

Occupation
Real Estate Broker

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
09 / 23 / 2005

Transaction ID: C8583

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. Jeffrey S. Lisabeth

Mailing Address 2 East Gate Road

City State Zip Code
Lloyd Harbor NY 11743

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 01 / 2005

Transaction ID: C8535

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) ► **3200.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 130
	<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. Jocelyn Hong Lowe

Mailing Address 2551 S. Glebe Road

City Arlington State VA Zip Code 22206

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

Name of Employer Congressional Federal Credit Union 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 8 / 1 8 / 2 0 0 5

Transaction ID: C8508

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. Stuart Lubow

Mailing Address PO Box 442

City Mill Neck State NY Zip Code 11765

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

Name of Employer Community National Bank Occupation Banker

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 8 / 1 8 / 2 0 0 5

Transaction ID: C8529

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. Douglas C. Manditch

Mailing Address 202 Montecito Crescent

City Melville State NY Zip Code 11747

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

Name of Employer NY COMMERCIAL BANK Occupation President & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 5

Transaction ID: C8526

Amount of Each Receipt this Period
750.00

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: (check only one)	PAGE 16 / 130
	<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. Jo Ann C. Matuszak

Mailing Address 82 Table Rock Road

City State Zip Code
Wakefield RI 02879

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
07 / 19 / 2005

Transaction ID: C8444

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)
Mrs. Gwen Mellor

Mailing Address Podesta Mattoon
1001 G Street NW

City State Zip Code
Washington DC 20001

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

Name of Employer Podesta Mattoon Occupation Principal

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2005

Transaction ID: C8456

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)
Ms. Kate Moss

Mailing Address 1626 Foxhall Road Northwest

City State Zip Code
Washington DC 20007

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
08 / 18 / 2005

Transaction ID: C8509

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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 130
	<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. Jonathan Pazer		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address 15 Undercliff Road		Transaction ID: C8417
City State Zip Code Millburn NJ 07041	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 Pazer and Epstein LLP	Occupation Attorney	
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. Mr. Stephen Peskin		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address 256 West 10th Street		Transaction ID: C8421
City State Zip Code New York NY 10014	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 Tolmage, Peskin, Harris and Falick	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) C. Mr. Rubin Pikus		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2005
Mailing Address 5 Lavenders Court		Transaction ID: C8499
City State Zip Code Manhasset NY 11030	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 SELF EMPLOYED	Occupation Real Estate	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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 18 / 130
	<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. Sharon Pikus		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2005	
Mailing Address 5 Lavenders Court		Transaction ID: C8498	
City State Zip Code Manhasset NY 11030	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 SELF EMPLOYED	Occupation Real Estate		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mr. Bradley E Rock		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2005	
Mailing Address 4 Wandering Way		Transaction ID: C8527	
City State Zip Code Smithtown NY 11787	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 Bank of Smithtown	Occupation Chairman, President & CEO		
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. Laurence T. Roth		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address Marchon Eyewear 35 Hub Drive		Transaction ID: C8618	
City State Zip Code Melville NY 11747	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 MARCHON EYEWEAR	Occupation Co-President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	3600.00
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: PAGE 19 / 130
(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. Nancy Roth

Mailing Address 14 Foxwood Road

City Kings Point State NY Zip Code 11024

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 ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2005

Transaction ID: C8617

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)
Ms. Rosina L. Rubin

Mailing Address PO Box 1133

City New City State NY Zip Code 10956

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
07 / 19 / 2005

Transaction ID: C8434

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. Jeffrey Schwartz

Mailing Address 100 Jericho Quadrangle, Suite 202

City Jericho State NY Zip Code 11753

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

Name of Employer 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
07 / 19 / 2005

Transaction ID: C8414

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) ► **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: (check only one)	PAGE 20 / 130
	<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. Robert I. Shapiro

Mailing Address 150 West End Avenue
Apt. 21L

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
UBS Financial Services portfolio manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: C8495

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. Jo Ann Smith

Mailing Address 16 Prospect Avenue

City State Zip Code
Sea Cliff NY 11579

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

Name of Employer Occupation
Planned Parenthood of Nas-sau Count administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2005

Transaction ID: C8497

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. Matt Smyth

Mailing Address America's Community Bankers
900 19th Street, N.W.

City State Zip Code
Washington DC 20006

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 ▼
1069.44

Date of Receipt
MM / DD / YYYY
08 / 18 / 2005

Transaction ID: C8504

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) ► **1500.00**

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 / 130
	<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. Marcia Sudolsky		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2005	
Mailing Address 928 Broadway Suite 505		Transaction ID: C8433	
City State Zip Code New York NY 10010		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 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Robert J. Testut		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2005	
Mailing Address 5 Sunset Lane East		Transaction ID: C8450	
City State Zip Code Miller Place NY 11764		Amount of Each Receipt this Period 320.00	
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 ▼ 320.00	

Full Name (Last, First, Middle Initial) C. Mr. Edward Travaglianti		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address 7 Pine Point		Transaction ID: C8533	
City State Zip Code Lloyd Harbor 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 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	

SUBTOTAL of Receipts This Page (optional) ▶	1570.00
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 / 130
	<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. Erika S. Witover		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2005
Mailing Address 12 Sabine Road		Transaction ID: C8457
City State Zip Code Oyster Bay Cove NY 11791-1106	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 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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Advance Realty		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address PO Box 255		Transaction ID: C8443
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) PARTNERSHIP--partners below if itemized
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mr. Gerald L. Berman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address Northport Properties LLC PO Box 255		Transaction ID: C8452
City State Zip Code Old Westbury NY 11568-0255	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) [MEMO ITEM]
Name of Employer Northport Properties LLC Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation realtor Election Cycle-to-Date ▼ 500.00	

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 23 / 130
	<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)
Greenberg, Greenberg, And Guerrero LLP

Mailing Address 363 7th Avenue
Room 400

City State Zip Code
New York NY 10001

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
07 / 19 / 2005

Transaction ID: C8429

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. James Greenberg

Mailing Address Greenberg, Greenberg and Guerrero
386 Park Avenue South

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
Greenberg, Greenberg and Guerrero 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
07 / 19 / 2005

Transaction ID: C8430

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)
Kramer, Dillof, Livingston and Moore

Mailing Address 217 Broadway

City State Zip Code
New York NY 10007

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

Name of Employer Occupation
KRAMER DILLOF LIVINGSTON MOORE

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
09 / 23 / 2005

Transaction ID: C8582

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 24 / 130
	<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)
Northport Properties LLC

Mailing Address PO Box 255

City State Zip Code
Old Westbury NY 11568

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
MM / DD / YYYY
07 / 19 / 2005

Transaction ID: C8442

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. Gerald L. Berman

Mailing Address Northport Properties LLC
PO Box 255

City State Zip Code
Old Westbury NY 11568-0255

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

Name of Employer Occupation
Northport Properties LLC realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2005

Transaction ID: C8451

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)
Shandell Blitz Blitz and Bookson LLP

Mailing Address 150 Broadway

City State Zip Code
New York NY 10038

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2005

Transaction ID: C8424

Amount of Each Receipt this Period
300.00

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)	550.00
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 25 / 130	
	(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)
Mrs. Shoshana Bookson

Mailing Address 150 Broadway

City State Zip Code
New York NY 10038

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

Name of Employer Occupation
Shandell Blitz Blitz and Bookson L Attorney

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	0	5

Transaction ID: C8428

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	45120.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 130
	(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 Washington State DC Zip Code 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 ▼ 39.55

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 30 / 2005

Transaction ID: C8600

Amount of Each Receipt this Period
 8.23

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

* In-Kind: telecommunication services

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

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 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 ▼ 39.55

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2005

Transaction ID: C8601

Amount of Each Receipt this Period
 13.49

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

* In-Kind: telecommunications

SUBTOTAL of Receipts This Page (optional)	▶	21.72
TOTAL This Period (last page this line number only)	▶	21.72

**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 / 130
	<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. ADVANCED ACOUSTIC CONCEPTS INC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address 425 OSER AVENUE		Transaction ID: C8445
City HAUPPAUGE	State NY	Zip Code 11788
FEC ID number of contributing federal political committee. C C00366385		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	<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 ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. ADVANCED ACOUSTIC CONCEPTS INC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2005
Mailing Address 425 OSER AVENUE		Transaction ID: C8446
City HAUPPAUGE	State NY	Zip Code 11788
FEC ID number of contributing federal political committee. C C00366385		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. AFGE		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005
Mailing Address 80 F Street NW		Transaction ID: C8614
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C70000104		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<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)	▶	8500.00
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 / 130
(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)
AFL-CIO

Mailing Address 815 Sixteenth Street NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2005

Transaction ID: C8606

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)
Air Line Piltos Association

Mailing Address 1625 Massachusettes Ave NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

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
 07 / 26 / 2005

Transaction ID: C8466

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)
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 ▼
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2005

Transaction ID: C8560

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:	PAGE 29 / 130
	(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. AMERICAN COUNCIL OF LIFE INSURERS PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 101 Constitution Avenue NW Suite 700 West		Transaction ID: C8615
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C C00147066		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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) B. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address 1625 L STREET NW		Transaction ID: C8599
City WASHINGTON	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00011114		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 3500.00	

Full Name (Last, First, Middle Initial) C. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address HARBORSIDE FINANCIAL CENTER 201 PLAZA 3		Transaction ID: C8591
City JERSEY CITY	State NJ	Zip Code 07311
FEC ID number of contributing federal political committee. C C00077321		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 2606.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 130
	<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. 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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2005

Transaction ID: C8608

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 RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA)

Full Name (Last, First, Middle Initial)
Mailing Address 1201 15th Street NW
Suite 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00358663

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
07 / 26 / 2005

Transaction ID: C8461

Amount of Each Receipt this Period
2500.00

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 ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: C8571

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)	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 31 / 130
(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)
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 ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2005

Transaction ID: C8465

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)
BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 7668

City WASHINGTON State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00305318

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
 09 / 30 / 2005

Transaction ID: C8604

Amount of Each Receipt this Period
 5000.00

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

C. Full Name (Last, First, Middle Initial)
CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND

Mailing Address 1680 Capital One Drive
Attn: 19050-1201

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00326595

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
 09 / 23 / 2005

Transaction ID: C8574

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) ► **8500.00**

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 / 130
	<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)
Carpenters Legislative Improvement Committee

Mailing Address 101 Constitution Avenue NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00001016

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
09 / 30 / 2005

Transaction ID: C8616

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
CBC COMPANIES INC PAC

Mailing Address 250 EAST TOWN STREET

City State Zip Code
COLUMBUS OH 43215

FEC ID number of contributing federal political committee. **C** C00410001

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
09 / 30 / 2005

Transaction ID: C8610

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)
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 ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2005

Transaction ID: C8568

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: PAGE 33 / 130
(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)
CONSUMER DATA INDUSTRY ASSOCIATION INC POLITICAL A
 Mailing Address 1090 VERMONT AVE NW SUITE 200
 City State Zip Code
 WASHINGTON DC 20005
 FEC ID number of contributing federal political committee. **C** C00030593
 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
 09 / 23 / 2005
Transaction ID: C8564
 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)
COUNTRYWIDE FINANCIAL CORPORATION PAC
 Mailing Address 1717 Pennsylvania Ave N.W. #700
 City State Zip Code
 Washington DC 20006
 FEC ID number of contributing federal political committee. **C** C00282731
 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
 09 / 30 / 2005
Transaction ID: C8611
 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)
CREDIT SUISSE FIRST BOSTON CORPORATION GOV'T ACTIO
 Mailing Address 1155 21ST STREET NW SUITE 300
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C** C00111559
 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
 09 / 27 / 2005
Transaction ID: C8598
 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 34 / 130
(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)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

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 8 / 1 8 / 2 0 0 5

Transaction ID: C8511

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)
CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA

Mailing Address 601 Pennsylvania Avenue NW
South Building Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

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 9 / 2 7 / 2 0 0 5

Transaction ID: C8593

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)
CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street NW

City Washington State DC Zip Code 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 ▼ 3500.00

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

Transaction ID: C8464

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 35 / 130
	(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)
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 ▼ 3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 18 / 2005

Transaction ID: C8512

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)
EQUIFAX POLITICAL ACTION COMMITTEE

Mailing Address 1550 PEACHTREE STREET NW

City State Zip Code
ATLANTA GA 30309

FEC ID number of contributing federal political committee. **C** C00143867

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
09 / 23 / 2005

Transaction ID: C8566

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)
EXPERIAN PAC

Mailing Address 475 Anton Blvd

City State Zip Code
Costa Mesa CA 92626

FEC ID number of contributing federal political committee. **C** C00379768

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
09 / 30 / 2005

Transaction ID: C8609

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)	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 36 / 130
(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)
FEDERAL NATIONAL MORTGAGE ASSOCIATION POLITICAL AC

Mailing Address 3900 Wisconsin Avenue NW

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00393520

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
 08 / 18 / 2005

Transaction ID: C8505

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)
Financial Services Roundtable PAC

Mailing Address 1001 Pennsylvania Ave NW
Suite 500 South

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00193177

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
 07 / 19 / 2005

Transaction ID: C8453

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)
FIRST DATA CORPORATION EMPLOYEES FOR RESPONSIBLE GOVERNMENT

Mailing Address Mr. Joseph Samuel
12500 E. Belford Avenue

City State Zip Code
Englewood CO 80112

FEC ID number of contributing federal political committee. **C** C00394494

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
 09 / 23 / 2005

Transaction ID: C8565

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:	PAGE 37 / 130
	(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. HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address Gerry Sikorski 2099 Pennsylvania Avenue N.W.		Transaction ID: C8563
City Washington State DC Zip Code 20006-6801	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00171330		<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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. H-PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 1401 Eye Street, NW Suite 520		Transaction ID: C8581
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00033423		<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 ▼ 4000.00	

Full Name (Last, First, Middle Initial) C. H-PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 1401 Eye Street, NW Suite 520		Transaction ID: C8580
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00033423		<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 ▼ 4000.00	

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 38 / 130
(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)
Independent Insurance Agents and Brokers of Americ
Mailing Address 412 First St., SE. FLR 3
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C** C00022343
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
09 / 30 / 2005
Transaction ID: C8613
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)
INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
Mailing Address 1750 NEW YORK NW
City WASHINGTON State DC Zip Code 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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2005
Transaction ID: C8596
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)
INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)
Mailing Address 1401 H Street, NW Suite 1200
City Washington State DC Zip Code 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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2005
Transaction ID: C8454
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 39 / 130
	<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)
J.P. MORGAN CHASE & CO. STATE AND FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 270 Park Avenue 21st Floor

City State Zip Code
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00003830

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
09 / 30 / 2005

Transaction ID: C8621

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)
KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 18254

City State Zip Code
WASHINGTON DC 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 ▼
2807.77

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2005

Transaction ID: C8602

Amount of Each Receipt this Period
307.77

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

* In-Kind: food

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

Mailing Address 1725 Jefferson Davis Hwy
Crystal Square 2, Suite 300

City State Zip Code
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

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
09 / 30 / 2005

Transaction ID: C8612

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)	▶	2307.77
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 40 / 130
(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)
MERRILL LYNCH & CO. INC. POLITICAL ACTION COMMITTEE

Mailing Address 1455 Pennsylvania Avenue NW Suite
NORTH TOWER - 31ST FLOOR

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00040550

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	9	/	3	0	/	2	0	0	5

Transaction ID: C8622

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)
Metlife PAC

Mailing Address 1620 L Street NW STE 800

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00040923

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	9	/	2	3	/	2	0	0	5

Transaction ID: C8569

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)
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 ▼
4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	5

Transaction ID: C8561

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) ► **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: (check only one)	PAGE 41 / 130
	<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. Mr. Charles T. Crangle		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005
Mailing Address American Maritime Officers 490 L'Enfant Plaza East, S.W.		Transaction ID: C8592
City State Zip Code Washington DC 20024	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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Mr. David H. Lynch		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005
Mailing Address 401 Ninth Street NW Suite 600		Transaction ID: C8572
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00404129		<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. Mr. George McElwee		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2005
Mailing Address American Financial Services Assn. 919 18th Street, N.W.		Transaction ID: C8506
City State Zip Code Washington DC 20006-5503	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00038604		<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	

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 42 / 130
	(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

Full Name (Last, First, Middle Initial) A. Ms. Karisa Johnson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address 1156 15th Street NW 7th FL		Transaction ID: C8620	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C90004185	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCO)		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2005	
Mailing Address 1325 Massachusetts Ave. NW		Transaction ID: C8594	
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00238725	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 2000.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE (NAFCU)		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2005	
Mailing Address 3138 N 10TH ST		Transaction ID: C8558	
City State Zip Code ARLINGTON VA 22201	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C C00040659	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 43 / 130
(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)
NATIONAL HOME EQUITY MORTGAGE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 982

City State Zip Code
Washington DC 20044

FEC ID number of contributing federal political committee. **C** C00331025

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
 08 / 18 / 2005

Transaction ID: C8503

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)
National League of Postmasters

Mailing Address 1023 North Royal Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00164152

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
 09 / 27 / 2005

Transaction ID: C8595

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)
NATIONAL RURAL LETTER CARRIER PAC

Mailing Address 1630 Duke Street 4th Floor

City State Zip Code
Alexandria VA 22314

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
 09 / 27 / 2005

Transaction ID: C8597

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 44 / 130
	(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)
Nationwide Political Participation Committee

Mailing Address One Nationwide Plaza
1-27-10

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C** C00076174

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
07 / 26 / 2005

Transaction ID: C8462

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)
New Century Financial

Mailing Address 816 Connecticut Ave. NW
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00369983

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2005

Transaction ID: C8530

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)
New Century Financial

Mailing Address 816 Connecticut Ave. NW
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00369983

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2005

Transaction ID: C8531

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 45 / 130
	<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)
New Century Financial

Mailing Address 816 Connecticut Ave. NW
Suite 500

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00369983

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2005

Transaction ID: C8532

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)
PHYSICAL THERAPY POLITICAL ACTION COMMITTEE

Mailing Address 1111 North Fairfax Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

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
09 / 23 / 2005

Transaction ID: C8576

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)
PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

Mailing Address 1301 K Street NW
Suite 700W

City Washington State DC Zip Code 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 ▼ 2750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2005

Transaction ID: C8579

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 46 / 130
(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)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION

Mailing Address 711 HIGH ST/GOVERNMENT RELATIONS

City State Zip Code
DES MOINES IA 50392

FEC ID number of contributing federal political committee. **C** C00128918

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
 08 / 18 / 2005

Transaction ID: C8510

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)
Property Casualty Insurers Association of America

Mailing Address 444 North Capitol Street NW
Suite 801

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00066472

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
 09 / 30 / 2005

Transaction ID: C8605

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)
REITPAC

Mailing Address 1875 I Street NW STE 600

City State Zip Code
Washington DC 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 ▼
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 23 / 2005

Transaction ID: C10168

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 47 / 130
	<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. TRANS UNION LLC POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 555 WEST ADAMS ST		Transaction ID: C8567
City State Zip Code CHICAGO IL 60661	FEC ID number of contributing federal political committee. C C00313700	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<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) B. UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address 8000 EAST JEFFERSON		Transaction ID: C8573
City State Zip Code DETROIT MI 48214	FEC ID number of contributing federal political committee. C C00002840	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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. UBS AMERICAS FUND FOR BETTER GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 5
Mailing Address 1285 AVENUE OF THE AMERICAS		Transaction ID: C8460
City State Zip Code NEW YORK NY 10019	FEC ID number of contributing federal political committee. C C00012245	Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<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 ▼ 4000.00	

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: (check only one)	PAGE 48 / 130
	<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)
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION

Mailing Address 1775 K STREET NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70003645

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
 09 / 30 / 2005

Transaction ID: C8603

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)
Venture PAC

Mailing Address 1655 N Fort Myers Drive STE850

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** c00150367

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
 09 / 23 / 2005

Transaction ID: C8575

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)
VERIZON COMMUNICATION INC GOOD GOV'T CLUB

Mailing Address GOOD GOVERNMENT CLUB
1717 ARCH ST. 47S

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

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
 09 / 23 / 2005

Transaction ID: C8578

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:	PAGE 49 / 130
	(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. Wells Fargo Employee PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2005
Mailing Address Wells Fargo Center Sixth and Marquette		Transaction ID: C8455
City Minneapolis	State MN	Zip Code 55479
FEC ID number of contributing federal political committee. C c00034595		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Wells Fargo Employee PAC		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2005
Mailing Address Wells Fargo Center Sixth and Marquette		Transaction ID: C8463
City Minneapolis	State MN	Zip Code 55479
FEC ID number of contributing federal political committee. C c00034595		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<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 ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Wright Andrews		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2005
Mailing Address Butera & Andrews 1301 Pennsylvania Avenue NW		Transaction ID: C8502
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<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)	4000.00
TOTAL This Period (last page this line number only)	95307.77

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 130
	<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	

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		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2005
Mailing Address 1701 Route 70 East		Transaction ID: C8628
City State Zip Code Cherry Hill NJ 08034-5400	Amount of Each Receipt this Period 40.74	
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 ▼ 411.18	

Full Name (Last, First, Middle Initial) B. Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 02 / 2005
Mailing Address 1701 Route 70 East		Transaction ID: C8629
City State Zip Code Cherry Hill NJ 08034-5400	Amount of Each Receipt this Period 115.85	
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 ▼ 411.18	

Full Name (Last, First, Middle Initial) C. Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2005
Mailing Address 1701 Route 70 East		Transaction ID: C8632
City State Zip Code Cherry Hill NJ 08034-5400	Amount of Each Receipt this Period 40.76	
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 ▼ 411.18	

SUBTOTAL of Receipts This Page (optional) ▶	197.35
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 51 / 130
(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)
Commerce Bank

Mailing Address 1701 Route 70 East

City State Zip Code
Cherry Hill NJ 08034-5400

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
411.18

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 30 / 2005

Transaction ID: C8635

Amount of Each Receipt this Period
39.46

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

B. Full Name (Last, First, Middle Initial)
First National Bank of Long Island

Mailing Address 330 Motor Parkway Suite 100

City State Zip Code
Hauppauge NY 11788

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
320.67

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2005

Transaction ID: C8624

Amount of Each Receipt this Period
49.26

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

C. Full Name (Last, First, Middle Initial)
First National Bank of Long Island

Mailing Address 330 Motor Parkway Suite 100

City State Zip Code
Hauppauge NY 11788

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
320.67

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2005

Transaction ID: C8630

Amount of Each Receipt this Period
49.28

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

SUBTOTAL of Receipts This Page (optional) ► **138.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 130
	<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	

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. First National Bank of Long Island		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 330 Motor Parkway Suite 100		Transaction ID: C8633
City Hauppauge State NY Zip Code 11788	Amount of Each Receipt this Period 47.72	
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 ▼ 320.67	

Full Name (Last, First, Middle Initial) B. Long Island Commerical Bank		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2005
Mailing Address One Suffolk Square		Transaction ID: C8625
City Islandia State NY Zip Code 11749	Amount of Each Receipt this Period 117.50	
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 ▼ 767.41	

Full Name (Last, First, Middle Initial) C. Long Island Commerical Bank		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2005
Mailing Address One Suffolk Square		Transaction ID: C8631
City Islandia State NY Zip Code 11749	Amount of Each Receipt this Period 117.64	
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 ▼ 767.41	

SUBTOTAL of Receipts This Page (optional) ▶	282.86
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 / 130	
	(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 type="checkbox"/> 14	<input checked="" 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. Long Island Commerical Bank	
Mailing Address One Suffolk Square	
City Islandia	State Zip Code NY 11749
FEC ID number of contributing federal political committee. C	
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 ▼ 767.41

Date of Receipt MM / DD / YYYY 09 / 30 / 2005
Transaction ID: C8634
Amount of Each Receipt this Period 113.98
<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	113.98
TOTAL This Period (last page this line number only)	▶	732.19

**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: D7626 Date of Disbursement 09 / 06 / 2005
Mailing Address PO Box 365		Amount of Each Disbursement this Period 295.55
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 campaign storage	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. American Archives		Transaction ID: D7627 Date of Disbursement 07 / 10 / 2005
Mailing Address 25 Brandywine Dr		Amount of Each Disbursement this Period 451.60
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 storage of campaign property	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. Ms. Swati Bindra		Transaction ID: D7738 Date of Disbursement 07 / 25 / 2005
Mailing Address 12 Magnolia Avenue		Amount of Each Disbursement this Period 200.00
City Nesconset State NY Zip Code 11767	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll Expenses	001 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) ▶	947.15
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. Ms. Swati Bindra		Transaction ID: D7737 Date of Disbursement 07 / 28 / 2005	
Mailing Address 12 Magnolia Avenue		Amount of Each Disbursement this Period 50.00	
City Nesconset State NY Zip Code 11767	Purpose of Disbursement Payroll Expenses Candidate Name	001 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. Ms. Swati Bindra		Transaction ID: D7736 Date of Disbursement 07 / 28 / 2005	
Mailing Address 12 Magnolia Avenue		Amount of Each Disbursement this Period 482.24	
City Nesconset State NY Zip Code 11767	Purpose of Disbursement Payroll Expenses Candidate Name	001 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. Ms. Swati Bindra		Transaction ID: D7734 Date of Disbursement 08 / 15 / 2005	
Mailing Address 12 Magnolia Avenue		Amount of Each Disbursement this Period 482.24	
City Nesconset State NY Zip Code 11767	Purpose of Disbursement Payroll Expenses Candidate Name	001 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) ▶	1014.48
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. Swati Bindra		Transaction ID: D7735 Date of Disbursement 08 / 31 / 2005	
Mailing Address 12 Magnolia Avenue		Amount of Each Disbursement this Period 482.24	
City Nesconset State NY Zip Code 11767	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type 001 <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) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Swati Bindra		Transaction ID: D7739 Date of Disbursement 09 / 14 / 2005	
Mailing Address 12 Magnolia Avenue		Amount of Each Disbursement this Period 482.24	
City Nesconset State NY Zip Code 11767	Purpose of Disbursement Payroll Expenses Candidate Name	Category/Type 001 <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) ▼		

Full Name (Last, First, Middle Initial) C. BMB Consulting LLC		Transaction ID: D7636 Date of Disbursement 07 / 10 / 2005	
Mailing Address PO Box 1121		Amount of Each Disbursement this Period 388.33	
City East Northport State NY Zip Code 11731	Purpose of Disbursement Repairs 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1352.81
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. Cablevision		Transaction ID: D7637	
Mailing Address PO Box 58		Date of Disbursement	
City Belmar State NJ Zip Code 07719		08 / 10 / 2005	
Purpose of Disbursement Office Expense		Amount of Each Disbursement this Period	
Candidate Name		96.24	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:			

Full Name (Last, First, Middle Initial) B. Cablevision		Transaction ID: D7638	
Mailing Address PO Box 58		Date of Disbursement	
City Belmar State NJ Zip Code 07719		09 / 14 / 2005	
Purpose of Disbursement Computer Repairs		Amount of Each Disbursement this Period	
Candidate Name		99.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:			

Full Name (Last, First, Middle Initial) C. Candle Business Systems		Transaction ID: D7643	
Mailing Address 1500 Ocean Avenue		Date of Disbursement	
City Bohemia State NY Zip Code 11716		07 / 28 / 2005	
Purpose of Disbursement Equipment Rental		Amount of Each Disbursement this Period	
Candidate Name		80.36	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	276.50
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. Candle Business Systems		Transaction ID: D7642 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 5
Mailing Address 1500 Ocean Avenue		Amount of Each Disbursement this Period 81.47
City Bohemia State NY Zip Code 11716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Equipment Rental	Candidate Name	001 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. Candle Business Systems		Transaction ID: D7641 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5
Mailing Address 1500 Ocean Avenue		Amount of Each Disbursement this Period 706.06
City Bohemia State NY Zip Code 11716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Equipment Rental	Candidate Name	001 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. Candle Business Systems		Transaction ID: D7639 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address 1500 Ocean Avenue		Amount of Each Disbursement this Period 81.47
City Bohemia State NY Zip Code 11716	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Equipment Rental	Candidate Name	001 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) ▶	869.00
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. Candle Business Systems		Transaction ID: D7640 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 1500 Ocean Avenue		Amount of Each Disbursement this Period 81.47 <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 Equipment Rental 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: D7693 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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: D7692 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 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) ▶	1045.95
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: D7649 Date of Disbursement 07 / 10 / 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	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. Chase Automotive Finance		Transaction ID: D7647 Date of Disbursement 08 / 10 / 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	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. Chase Automotive Finance		Transaction ID: D7648 Date of Disbursement 09 / 14 / 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	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) ▶	1363.47
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: D7650 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 5
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 143.44 <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: D7652 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 5
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 111.94 <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: D7653 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 148.29 <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) ▶	403.67
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: D7651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 69.06 <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: D7654 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address PO Box 17542		Amount of Each Disbursement this Period 167.26 <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. Commerce Bank		Transaction ID: D7661 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 1193.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cherry Hill State NJ Zip Code 08034-5400		
Purpose of Disbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1430.00
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. Commerce Bank		Transaction ID: D7656 Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2005
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) ▼	

Full Name (Last, First, Middle Initial) B. Commerce Bank		Transaction ID: D7657 Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2005
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) ▼	

Full Name (Last, First, Middle Initial) C. Commerce Bank		Transaction ID: D7664 Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2005
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 77.00
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) ▶	137.00
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. Commerce Bank		Transaction ID: D7659 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 3580.86
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 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. Commerce Bank		Transaction ID: D7660 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 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 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: D7662 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 208.22
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) ▶	3819.08
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)

<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: D7658 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 1701 Route 70 East		Amount of Each Disbursement this Period 2387.24
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 tax	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. Commerce Bank		Transaction ID: D7655 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 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 Bank Service Charges	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. Commerce Bank		Transaction ID: D7663 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 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 Bank Service Charges	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	2447.24
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Delta Delta Sorority		Transaction ID: D7665 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5	
Mailing Address 901 Richmond Avenue		Amount of Each Disbursement this Period 250.00	
City Columbia State MO Zip Code 65201	Purpose of Disbursement donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. Mrs. Lisa Deutsch		Transaction ID: D7681 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 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	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. Mrs. Lisa Deutsch		Transaction ID: D7682 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 5	
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 65.00	
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	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) ▶	2815.00
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. Mrs. Lisa Deutsch		Transaction ID: D7678 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 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	<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. Mrs. Lisa Deutsch		Transaction ID: D7679 Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 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	<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. Mrs. Lisa Deutsch		Transaction ID: D7680 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 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	<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	

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. Mrs. Lisa Deutsch		Transaction ID: D7683 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 280.20
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) ▼	

Full Name (Last, First, Middle Initial) B. Mrs. Lisa Deutsch		Transaction ID: D7686 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 73.90
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 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. Mrs. Lisa Deutsch		Transaction ID: D7684 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 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	<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) ▶	2854.10
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: D7688 Date of Disbursement 09 / 14 / 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		<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) ▼	

Full Name (Last, First, Middle Initial) B. Mrs. Lisa Deutsch		Transaction ID: D7687 Date of Disbursement 09 / 16 / 2005
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 338.66
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) ▼	

Full Name (Last, First, Middle Initial) C. Mrs. Lisa Deutsch		Transaction ID: D7685 Date of Disbursement 09 / 16 / 2005
Mailing Address 15 Ormond Street		Amount of Each Disbursement this Period 350.00
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3188.66
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. Financial Services Roundtable PAC		Transaction ID: D7633 Date of Disbursement 08 / 29 / 2005
Mailing Address 1001 Pennsylvania Ave NW Suite 500 South		Amount of Each Disbursement this Period 1891.90
City Washington State DC Zip Code 20004	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) B. Hon. Steve Israel		Transaction ID: D7731 Date of Disbursement 08 / 10 / 2005
Mailing Address 66 Dix Highway		Amount of Each Disbursement this Period 116.46
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 Reimbursement 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) ▼	

Full Name (Last, First, Middle Initial) C. Hon. Steve Israel		Transaction ID: D7730 Date of Disbursement 09 / 06 / 2005
Mailing Address 66 Dix Highway		Amount of Each Disbursement this Period 40.00
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 Reimbursement 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2048.36
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. Hon. Steve Israel		Transaction ID: D7729 Date of Disbursement 09 / 19 / 2005
Mailing Address 66 Dix Highway		Amount of Each Disbursement this Period 50.00
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 Reimbursement Candidate Name		002 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. Hon. Steve Israel		Transaction ID: D7728 Date of Disbursement 09 / 26 / 2005
Mailing Address 66 Dix Highway		Amount of Each Disbursement this Period 861.76
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 Reimbursement Candidate Name		002 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. KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACTION COMMITTEE		Transaction ID: D7564 Date of Disbursement 07 / 01 / 2005
Mailing Address PO BOX 18254		Amount of Each Disbursement this Period 307.77
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 food 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) ▶	1219.53
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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. Long Island Jewish World		Transaction ID: D7674 Date of Disbursement 07 / 28 / 2005
Mailing Address 78 Randall Ave		Amount of Each Disbursement this Period 576.00
City Rockville Centre State NY Zip Code 11570	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. MCI Conferencing		Transaction ID: D7689 Date of Disbursement 08 / 15 / 2005
Mailing Address PO Box 70129		Amount of Each Disbursement this Period 334.40
City Chicago State IL Zip Code 60673	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

Full Name (Last, First, Middle Initial) C. MCI Conferencing		Transaction ID: D7690 Date of Disbursement 09 / 19 / 2005
Mailing Address PO Box 70129		Amount of Each Disbursement this Period 314.67
City Chicago State IL Zip Code 60673	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) ▶	1225.07
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. Met Life Auto and Home Insurance		Transaction ID: D7691 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5	
Mailing Address PO Box 42902		Amount of Each Disbursement this Period 1185.00	
City Philadelphia State PA Zip Code 19101-2902	Purpose of Disbursement Insurance	<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. Monarch Graphics Inc.		Transaction ID: D7695 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 1211.61	
City Central Islip State NY Zip Code 11722	Purpose of Disbursement fundraising 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	

Full Name (Last, First, Middle Initial) C. Monarch Graphics Inc.		Transaction ID: D7694 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5	
Mailing Address 1065 Islip Avenue		Amount of Each Disbursement this Period 794.74	
City Central Islip State NY Zip Code 11722	Purpose of Disbursement fundraising 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	

SUBTOTAL of Disbursements This Page (optional) ▶	3191.35
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)

<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: D7696 Date of Disbursement 07 / 15 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 124.25
City Washington State DC Zip Code 20003-4071	<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. National Democratic Club		Transaction ID: D7697 Date of Disbursement 09 / 14 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation 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. Nextel		Transaction ID: D7702 Date of Disbursement 07 / 10 / 2005
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 221.13
City Denver State CO Zip Code 80217	<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) ▶	370.38
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: D7703 Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2005
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 107.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
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. Nextel		Transaction ID: D7701 Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2005
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 351.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
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. Nextel		Transaction ID: D7700 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2005
Mailing Address PO Box 17990		Amount of Each Disbursement this Period 382.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Denver State CO Zip Code 80217	Category/ Type	
Purpose of Disbursement Telephone Candidate Name		
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) ▶	841.26
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. NGP Software		Transaction ID: D7704 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address 5505 Connecticut Avenue NW PMB 277		Amount of Each Disbursement this Period 200.90
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign software 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. NGP Software		Transaction ID: D7705 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address 5505 Connecticut Avenue NW PMB 277		Amount of Each Disbursement this Period 850.00
City Washington State DC Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign software 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. Northport American Legion		Transaction ID: D7706 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5
Mailing Address 7 Woodside Ave		Amount of Each Disbursement this Period 250.00
City Northport State NY Zip Code 11803	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1300.90
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 Employment Taxes		Transaction ID: D7708 Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2005	
Mailing Address PO Box 4120		Amount of Each Disbursement this Period 96.71	
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: D7699 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2005	
Mailing Address PO Box 1414		Amount of Each Disbursement this Period 262.30	
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: D7709 Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2005	
Mailing Address PO Box 1414		Amount of Each Disbursement this Period 786.90	
City New York State NY Zip Code 10008	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) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	1145.91
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: D7710 Date of Disbursement 08 / 31 / 2005
Mailing Address PO Box 1414		Amount of Each Disbursement this Period 524.60
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. Oheka Management Corp.		Transaction ID: D7712 Date of Disbursement 09 / 06 / 2005
Mailing Address 135 West Gate Drive		Amount of Each Disbursement this Period 1230.45
City Cold Spring Hills State NY Zip Code 11743	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement catering	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. Oheka Management Corp.		Transaction ID: D7711 Date of Disbursement 09 / 06 / 2005
Mailing Address 135 West Gate Drive		Amount of Each Disbursement this Period 271.55
City Cold Spring Hills State NY Zip Code 11743	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement catering- fundraising	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) ▶	2026.60
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: D7713 Date of Disbursement 07 / 01 / 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. Oxford Health Insurance		Transaction ID: D7714 Date of Disbursement 07 / 28 / 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) C. Oxford Health Insurance		Transaction ID: D7715 Date of Disbursement 08 / 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

SUBTOTAL of Disbursements This Page (optional) ▶	1950.00
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. Perlman, Schleifer, Perrone		Transaction ID: D7716 Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 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 Services Candidate Name		001 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. Perlman, Schleifer, Perrone		Transaction ID: D7718 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 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		001 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. Perlman, Schleifer, Perrone		Transaction ID: D7717 Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 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		001 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) ▶	1500.00
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: D7719 Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2005
Mailing Address 225 Broad Hollow Road		Amount of Each Disbursement this Period 258.33
City Huntington Station State NY Zip Code 11747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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: D7720 Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2005
Mailing Address 225 Broad Hollow Road		Amount of Each Disbursement this Period 258.33
City Huntington Station State NY Zip Code 11747	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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. Sprint PCS		Transaction ID: D7727 Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2005
Mailing Address P O Box 7086		Amount of Each Disbursement this Period 195.09
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 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) ▶	711.75
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 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) Sunoco</p>		<p>Transaction ID: D7733 Date of Disbursement 08 / 10 / 2005</p>
<p>Mailing Address PO Box 2301</p>		<p>Amount of Each Disbursement this Period 81.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Tulsa State OK Zip Code 74102</p>	<p>Purpose of Disbursement Automobile Expense</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Amount of Each Disbursement this Period 34.30</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 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) Sunoco</p>		<p>Transaction ID: D7732 Date of Disbursement 09 / 06 / 2005</p>
<p>Mailing Address PO Box 2301</p>		<p>Amount of Each Disbursement this Period 34.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Tulsa State OK Zip Code 74102</p>	<p>Purpose of Disbursement Automobile Expense</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Amount of Each Disbursement this Period 500.00</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 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) The Pederson-Krag Center</p>		<p>Transaction ID: D7741 Date of Disbursement 07 / 10 / 2005</p>
<p>Mailing Address 11 Route 111</p>		<p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Smithtown State NY Zip Code 11787</p>	<p>Purpose of Disbursement Other Expenses</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Amount of Each Disbursement this Period 615.30</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>	

SUBTOTAL of Disbursements This Page (optional) ▶

615.30

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. Verizon Wireless		Transaction ID: D7748 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 71.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85731		
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: D7749 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 73.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tucson State AZ Zip Code 85731		
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: D7744 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 71.99 <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) ▶	217.49
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. VERIZON		Transaction ID: D7742 Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2005
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 708.13 <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: D7746 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2005
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 365.64 <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: D7745 Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2005
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 902.45 <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) ▶	1976.22
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. VERIZON		Transaction ID: D7743 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 408.25 <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: D7747 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 501 North Ocean Avenue		Amount of Each Disbursement this Period 382.47 <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 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. American Express		Transaction ID: D7478 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 5098.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark State NJ Zip Code 07101-1270		
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) ▶	5888.94
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. Citgo		Transaction ID: D7482 Date of Disbursement 07 / 08 / 2005
Mailing Address Dear Hill Road		Amount of Each Disbursement this Period 41.00
City Deer Park State NY Zip Code 11729	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]

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7479 Date of Disbursement 07 / 01 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 41.08
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. National Democratic Club		Transaction ID: D7481 Date of Disbursement 09 / 06 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 1118.26
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement catering- fundraiser Candidate Name Category/Type 007	
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)

<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: D7511 Date of Disbursement 07 / 21 / 2005
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 507.16
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) ▼	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D7528 Date of Disbursement 08 / 15 / 2005
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 5668.29
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) ▼	

Full Name (Last, First, Middle Initial) C. Best Buy		Transaction ID: D7561 Date of Disbursement 07 / 19 / 2005
Mailing Address 200 Jericho Turnpike		Amount of Each Disbursement this Period 91.22
City E Northport State NY Zip Code 11731	<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) ▼	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	6175.45
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. Best Buy

Full Name (Last, First, Middle Initial)
Steve Israel For Congress Committee

Mailing Address 200 Jericho Turnpike

City E Northport State NY Zip Code 11731

Purpose of Disbursement office

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7543
Date of Disbursement
08 / 02 / 2005

Amount of Each Disbursement this Period
111.05

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

[MEMO ITEM]

B. Citgo

Full Name (Last, First, Middle Initial)

Mailing Address Dear Hill Road

City Deer Park State NY Zip Code 11729

Purpose of Disbursement automobile expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7533
Date of Disbursement
07 / 21 / 2005

Amount of Each Disbursement this Period
45.27

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

[MEMO ITEM]

C. Citgo

Full Name (Last, First, Middle Initial)

Mailing Address Dear Hill Road

City Deer Park State NY Zip Code 11729

Purpose of Disbursement automobile expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7536
Date of Disbursement
07 / 27 / 2005

Amount of Each Disbursement this Period
46.68

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

A. Dynamic Communication

Full Name (Last, First, Middle Initial)

Mailing Address 2112 Deer Park Ave

City Deer Park State NY Zip Code 11729

Purpose of Disbursement cell phone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7554
Date of Disbursement
07 / 15 / 2005

Amount of Each Disbursement this Period
200.96

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

[MEMO ITEM]

B. Exxon Mobil

Full Name (Last, First, Middle Initial)

Mailing Address Old Country Road

City Westbury State NY Zip Code 11590

Purpose of Disbursement gas travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7547
Date of Disbursement
08 / 05 / 2005

Amount of Each Disbursement this Period
44.74

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

[MEMO ITEM]

C. Fedex

Full Name (Last, First, Middle Initial)

Mailing Address 300 Wheeler Road

City Hauppauge State NY Zip Code 11788

Purpose of Disbursement shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7532
Date of Disbursement
07 / 20 / 2005

Amount of Each Disbursement this Period
19.07

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. Fedex		Transaction ID: D7541 Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 20.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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) ▼	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7544 Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 23.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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) ▼	

Full Name (Last, First, Middle Initial) C. Haute on the Hill		Transaction ID: D7529 Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2005
Mailing Address 4600 N. Fairfax Dr. Suite 802		Amount of Each Disbursement this Period 308.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Arlington State VA Zip Code 22203		
Purpose of Disbursement fundraiser expense Candidate Name	Category/Type 003	
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. Haute on the Hill		Transaction ID: D7534 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5
Mailing Address 4600 N. Fairfax Dr. Suite 802		Amount of Each Disbursement this Period 306.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Arlington State VA Zip Code 22203	Purpose of Disbursement fundraiser expense Candidate Name Category/Type 003	
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. Haute on the Hill		Transaction ID: D7540 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5
Mailing Address 4600 N. Fairfax Dr. Suite 802		Amount of Each Disbursement this Period 306.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Arlington State VA Zip Code 22203	Purpose of Disbursement fundraiser expense Candidate Name Category/Type 003	
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: D7539 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5
Mailing Address 4600 N. Fairfax Dr. Suite 802		Amount of Each Disbursement this Period 256.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Arlington State VA Zip Code 22203	Purpose of Disbursement fundraiser expense Candidate Name Category/Type 003	
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. Haute on the Hill		Transaction ID: D7538 Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2005
Mailing Address 4600 N. Fairfax Dr. Suite 802		Amount of Each Disbursement this Period 258.50
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 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. Hideaway		Transaction ID: D7546 Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2005
Mailing Address 785 Evergreen Walk		Amount of Each Disbursement this Period 1441.69
City Ocean Beach State NY Zip Code 11770	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 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. Microsoft Online		Transaction ID: D7531 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2005
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 21.95
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 001	[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. PC Richard and Son		Transaction ID: D7558 Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2005
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 57.54 <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 office equipment 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: D7548 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2005
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 78.05 <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. SONY Style		Transaction ID: D7560 Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2005
Mailing Address One Garden State Plaza		Amount of Each Disbursement this Period 477.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Paramus State NJ Zip Code 07652	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) ▼	

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. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 5003 Jericho Turnpike</p> <p>City Commack State NY Zip Code 11725</p> <p>Purpose of Disbursement office supplies</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: D7545</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <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="588.73"/></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><input type="text" value="001"/></p>

<p>B. Verizon Wireless</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 17129</p> <p>City Tucson State AZ Zip Code 85731</p> <p>Purpose of Disbursement telephone</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: D7537</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <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="244.13"/></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><input type="text" value=""/></p>

<p>C. Waldbaums</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 711 East Jericho Turnpike</p> <p>City Huntington Station State NY Zip Code 11746</p> <p>Purpose of Disbursement senior staff retreat</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: D7555</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <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="141.53"/></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><input type="text" value="001"/></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)

<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: D7565 Date of Disbursement 08 / 29 / 2005
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 920.17
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) ▼	

Full Name (Last, First, Middle Initial) B. AV Ristorante Italiano		Transaction ID: D7586 Date of Disbursement 07 / 27 / 2005
Mailing Address 607 New York Ave NW		Amount of Each Disbursement this Period 139.46
City Washington State DC Zip Code 20002	<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
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. Exxon Mobil		Transaction ID: D7570 Date of Disbursement 07 / 06 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 35.60
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 gas travel	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) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	920.17
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: D7571 Date of Disbursement 07 / 11 / 2005	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 41.66	
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	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) ▼		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Transaction ID: D7580 Date of Disbursement 07 / 22 / 2005	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 32.75	
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	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) ▼		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Transaction ID: D7581 Date of Disbursement 07 / 26 / 2005	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 30.77	
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	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) ▼		

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: D7582 Date of Disbursement 07 / 26 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 20.76
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 gas travel Candidate Name	Category/Type 002	[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. Hunan Dynasty		Transaction ID: D7583 Date of Disbursement 07 / 21 / 2005
Mailing Address 215 Pennsylvania Ave SE # 2		Amount of Each Disbursement this Period 42.60
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement dining 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. Microsoft Online		Transaction ID: D7585 Date of Disbursement 07 / 24 / 2005
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 001	[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: D7572 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 5
Mailing Address US Capitol		Amount of Each Disbursement this Period 11.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment 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. US House Members Dining		Transaction ID: D7573 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 5
Mailing Address US Capitol		Amount of Each Disbursement this Period 21.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment 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. US House Members Dining		Transaction ID: D7574 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 5
Mailing Address US Capitol		Amount of Each Disbursement this Period 15.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment 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		

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: D7576 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 5
Mailing Address US Capitol		Amount of Each Disbursement this Period 29.30
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement travel and entertainment Candidate Name		002 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. US House Members Dining		Transaction ID: D7577 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 5
Mailing Address US Capitol		Amount of Each Disbursement this Period 74.45
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement travel and entertainment Candidate Name		002 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. US House Members Dining		Transaction ID: D7578 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 5
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 [MEMO ITEM]	
Purpose of Disbursement travel and entertainment Candidate Name		002 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) ▶	[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 / 130

<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: D7579 Date of Disbursement 07 / 28 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 35.70
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment 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. American Express		Transaction ID: D7587 Date of Disbursement 09 / 14 / 2005
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 2678.02
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement Credit Card 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. Citgo		Transaction ID: D7611 Date of Disbursement 08 / 21 / 2005
Mailing Address Dear Hill Road		Amount of Each Disbursement this Period 49.56
City Deer Park State NY Zip Code 11729	Purpose of Disbursement automobile 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) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	2678.02
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)

PAGE 101 / 130

<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. Dalisa Pizza		Transaction ID: D7609 Date of Disbursement 08 / 19 / 2005
Mailing Address Deer Park Avenue		Amount of Each Disbursement this Period 200.00
City Deer Park State NY Zip Code 11729	Purpose of Disbursement intern catering 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. Dynamic Communication		Transaction ID: D7606 Date of Disbursement 08 / 17 / 2005
Mailing Address 2112 Deer Park Ave		Amount of Each Disbursement this Period 353.03
City Deer Park State NY Zip Code 11729	Purpose of Disbursement overhead 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. Fedex		Transaction ID: D7600 Date of Disbursement 08 / 08 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 23.38
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 102 / 130

<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: D7601 Date of Disbursement 08 / 10 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.88	
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: D7602 Date of Disbursement 08 / 10 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 18.88	
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: D7588 Date of Disbursement 08 / 16 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.88	
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: D7589 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 5	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 21.02	
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: D7590 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 5	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.88	
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: D7591 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 66.00	
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: D7598 Date of Disbursement 08 / 20 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 34.85
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		[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: D7593 Date of Disbursement 08 / 20 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 22.52
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		[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. Fedex		Transaction ID: D7594 Date of Disbursement 08 / 20 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.35
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		[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. Fedex		Transaction ID: D7595 Date of Disbursement 08 / 20 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 22.62
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: D7596 Date of Disbursement 08 / 20 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 21.14
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: D7597 Date of Disbursement 08 / 20 / 2005
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 45.01
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 106 / 130

<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: D7592 Date of Disbursement 08 / 20 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 19.96	
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: D7599 Date of Disbursement 08 / 20 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 35.95	
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: D7604 Date of Disbursement 08 / 24 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 21.38	
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)

PAGE 107 / 130

<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: D7605 Date of Disbursement 08 / 26 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 7.00	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7603 Date of Disbursement 08 / 30 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 19.05	
City Hauppauge State NY Zip Code 11788	Purpose of Disbursement shipping Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Microsoft Online		Transaction ID: D7617 Date of Disbursement 08 / 09 / 2005	
Mailing Address 1 Microsoft Way		Amount of Each Disbursement this Period 21.95	
City Redmond State WA Zip Code 98052	Purpose of Disbursement internet Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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) ▼	Category/Type 001	

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 108 / 130

<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. PC Richard and Son		Transaction ID: D7607 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 5
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 271.56 <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 office equipment Candidate Name	001 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. PC Richard and Son		Transaction ID: D7620 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 5
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 261.77 <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 office equipment Candidate Name	001 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. Staples		Transaction ID: D7615 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 29.33 <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	001 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)

PAGE 109 / 130

<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: D7616 Date of Disbursement 08 / 24 / 2005	
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 125.05	
City Commack State NY Zip Code 11725	Purpose of Disbursement office supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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. Staples		Transaction ID: D7613 Date of Disbursement 08 / 24 / 2005	
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 152.05	
City Commack State NY Zip Code 11725	Purpose of Disbursement office supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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. Staples		Transaction ID: D7614 Date of Disbursement 09 / 06 / 2005	
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 166.06	
City Commack State NY Zip Code 11725	Purpose of Disbursement office supplies Candidate Name	001 Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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 / 130

<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 Postal Servcie		Transaction ID: D7618 Date of Disbursement 08 / 10 / 2005
Mailing Address 375 Carlls Path		Amount of Each Disbursement this Period 370.00
City Deer Park State NY Zip Code 11729	Purpose of Disbursement fundraising postage Candidate Name Category/Type 003	
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: D7612 Date of Disbursement 08 / 23 / 2005
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 114.66
City Tucson State AZ Zip Code 85731	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) ▼	<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. AT&T Wireless		Transaction ID: D7940 Date of Disbursement 09 / 25 / 2005
Mailing Address PO BOX 8220		Amount of Each Disbursement this Period 73.70
City Aurora State IL Zip Code 60572-8220	Purpose of Disbursement cellphone 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]

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 111 / 130

<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. Essex House Hotel		Transaction ID: D7931 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 160 Central Park S		Amount of Each Disbursement this Period 330.80
City New York State NY Zip Code 10019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel	Category/Type 002	[MEMO ITEM]
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. Exxon Mobil		Transaction ID: D7930 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5
Mailing Address Old Country Road		Amount of Each Disbursement this Period 43.00
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 gas/ travel	Category/Type 002	[MEMO ITEM]
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. Hunan Dynasty		Transaction ID: D7937 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address 215 Pennsylvania Ave SE # 2		Amount of Each Disbursement this Period 150.15
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement dining	Category/Type	[MEMO ITEM]
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) ▶	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. Microsoft Online		Transaction ID: D7939 Date of Disbursement 09 / 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 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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: D7938 Date of Disbursement 09 / 21 / 2005	
Mailing Address US Capitol		Amount of Each Disbursement this Period 35.85	
City Washington State DC Zip Code 20515	Purpose of Disbursement travel and entertainment Candidate Name	Category/Type 002 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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: D7969 Date of Disbursement 09 / 16 / 2005	
Mailing Address PO BOX 1270		Amount of Each Disbursement this Period 150.00	
City Newark State NJ Zip Code 07101-1270	Purpose of Disbursement amex membership fee Candidate Name	Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [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. Best Buy		Transaction ID: D7962 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address 200 Jericho Turnpike		Amount of Each Disbursement this Period 56.60
City E Northport State NY Zip Code 11731	Purpose of Disbursement office equipment 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. Best Buy		Transaction ID: D7999 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 5
Mailing Address 200 Jericho Turnpike		Amount of Each Disbursement this Period 36.91
City E Northport State NY Zip Code 11731	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) C. Castello di Borghese Vineyards		Transaction ID: D8004 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address Route 48 and Alvah's Lane		Amount of Each Disbursement this Period 868.04
City Cutchogue State NY Zip Code 11935	Purpose of Disbursement fundraising expense Candidate Name Category/Type 003	
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 114 / 130

<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. Cingular Wireless

Full Name (Last, First, Middle Initial)
Steve Israel For Congress Committee

Mailing Address PO Box 17542

City Baltimore State MD Zip Code 21297

Purpose of Disbursement telephone

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7963

Date of Disbursement
09 / 12 / 2005

Amount of Each Disbursement this Period
93.17

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

[MEMO ITEM]

B. Citgo

Full Name (Last, First, Middle Initial)

Mailing Address Dear Hill Road

City Deer Park State NY Zip Code 11729

Purpose of Disbursement gas/ travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D7988

Date of Disbursement
09 / 29 / 2005

Amount of Each Disbursement this Period
55.00

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

[MEMO ITEM]

C. Delta Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 4628 Southwest Loop 820

City Fort Worth State TX Zip Code 76109

Purpose of Disbursement travel

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: D8006

Date of Disbursement
09 / 20 / 2005

Amount of Each Disbursement this Period
179.20

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 115 / 130

<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: D8005 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2005
Mailing Address 4628 Southwest Loop 820		Amount of Each Disbursement this Period 177.70 <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 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) ▼	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Transaction ID: D7967 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 18.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas/ travel 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) ▼	

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Transaction ID: D7968 Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2005
Mailing Address Old Country Road		Amount of Each Disbursement this Period 27.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas/ travel 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) ▼	

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: D7977 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address Old Country Road		Amount of Each Disbursement this Period 50.25	
City Westbury State NY Zip Code 11590	Purpose of Disbursement gas/ travel Candidate Name	Category/ Type 002 <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: D7966 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 18.94	
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: D7972 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 15.09	
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)

<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: D7974 Date of Disbursement 09 / 16 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 31.96	
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: D7975 Date of Disbursement 09 / 16 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 23.46	
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: D7983 Date of Disbursement 09 / 20 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 19.46	
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: D7997 Date of Disbursement 09 / 26 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 24.02	
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 [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	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7996 Date of Disbursement 09 / 26 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 23.46	
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 [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	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D7995 Date of Disbursement 09 / 26 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.94	
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 [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)

<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: D7998 Date of Disbursement 09 / 26 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 18.18	
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 [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	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7987 Date of Disbursement 09 / 28 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 21.46	
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 [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	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D7989 Date of Disbursement 09 / 29 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 21.46	
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 [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 120 / 130

<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: D7990 Date of Disbursement 09 / 29 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.94	
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 [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	

Full Name (Last, First, Middle Initial) B. Fedex		Transaction ID: D7991 Date of Disbursement 09 / 29 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 16.83	
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 [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	

Full Name (Last, First, Middle Initial) C. Fedex		Transaction ID: D7993 Date of Disbursement 09 / 30 / 2005	
Mailing Address 300 Wheeler Road		Amount of Each Disbursement this Period 19.83	
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 [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 121 / 130

<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: D7992 Date of Disbursement 09 / 30 / 2005</p>	
<p>City Hauppauge State NY Zip Code 11788</p>		<p>Amount of Each Disbursement this Period 19.46</p>	
<p>Purpose of Disbursement Shipping</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</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>State: District:</p>			

<p>B. Microsoft Online</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1 Microsoft Way</p>		<p>Transaction ID: D7959 Date of Disbursement 09 / 09 / 2005</p>	
<p>City Redmond State WA Zip Code 98052</p>		<p>Amount of Each Disbursement this Period 21.95</p>	
<p>Purpose of Disbursement internet</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</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>State: District:</p>			

<p>C. Pastrami and Friends</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Commack Road</p>		<p>Transaction ID: D7973 Date of Disbursement 09 / 18 / 2005</p>	
<p>City Commack State NY Zip Code 11725</p>		<p>Amount of Each Disbursement this Period 46.00</p>	
<p>Purpose of Disbursement fundraising expense</p>		<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>		<p>[MEMO ITEM]</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>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)

PAGE 122 / 130

<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. PC Richard and Son		Transaction ID: D7971 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address Jericho Turnpike		Amount of Each Disbursement this Period 29.23 <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	Category/Type 006	
Purpose of Disbursement office equipment 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. Soren Legal Support		Transaction ID: D8000 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 698 Saw Mill River Drive		Amount of Each Disbursement this Period 129.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Ardsley	State NY	
Zip Code 10502	Category/Type	
Purpose of Disbursement notary class 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. Soren Legal Support		Transaction ID: D8001 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 698 Saw Mill River Drive		Amount of Each Disbursement this Period 258.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Ardsley	State NY	
Zip Code 10502	Category/Type	
Purpose of Disbursement notary class 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) ▶	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. Soren Legal Support		Transaction ID: D8002 Date of Disbursement 09 / 28 / 2005
Mailing Address 698 Saw Mill River Drive		Amount of Each Disbursement this Period 407.00
City Ardsley State NY Zip Code 10502	Purpose of Disbursement notary class 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 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Transaction ID: D8003 Date of Disbursement 09 / 15 / 2005
Mailing Address Internet sale		Amount of Each Disbursement this Period 200.40
City Dallas State TX Zip Code 75231	Purpose of Disbursement airfare 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 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D7958 Date of Disbursement 09 / 08 / 2005
Mailing Address 5003 Jericho Turnpike		Amount of Each Disbursement this Period 39.11
City Commack State NY Zip Code 11725	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: 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)

<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. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 5003 Jericho Turnpike</p> <p>City Commack State NY Zip Code 11725</p> <p>Purpose of Disbursement office supplies</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: D7970</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="121.79"/></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><input type="text" value="001"/></p>

<p>B. Staples</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 5003 Jericho Turnpike</p> <p>City Commack State NY Zip Code 11725</p> <p>Purpose of Disbursement office supplies</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: D8009</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="251.20"/></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><input type="text" value="001"/></p>

<p>C. US AIRWAYS</p> <p>Full Name (Last, First, Middle Initial) US AIRWAYS</p> <p>Mailing Address Laganardia Airport</p> <p>City Jackson Heights State NY Zip Code 11372</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: D7965</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="298.90"/></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><input type="text" value="002"/></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"/></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 / 130

<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 AIRWAYS		Transaction ID: D7964 Date of Disbursement 09 / 13 / 2005
Mailing Address Laguardia Airport		Amount of Each Disbursement this Period 5.00
City Jackson Heights State NY Zip Code 11372	Purpose of Disbursement travel 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]

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Transaction ID: D8007 Date of Disbursement 09 / 20 / 2005
Mailing Address Laguardia Airport		Amount of Each Disbursement this Period 82.30
City Jackson Heights State NY Zip Code 11372	Purpose of Disbursement travel 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 Postal Servcie		Transaction ID: D8010 Date of Disbursement 09 / 28 / 2005
Mailing Address 375 Carlls Path		Amount of Each Disbursement this Period 373.85
City Deer Park State NY Zip Code 11729	Purpose of Disbursement fundraising postage Candidate Name Category/Type 003	
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 126 / 130

<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: D7976 Date of Disbursement 09 / 19 / 2005
Mailing Address PO Box 17129		Amount of Each Disbursement this Period 112.94
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	[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. Volvoville		Transaction ID: D7985 Date of Disbursement 09 / 21 / 2005
Mailing Address 5700 Merrick Road		Amount of Each Disbursement this Period 112.42
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 002	[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. W Millar and Company		Transaction ID: D8008 Date of Disbursement 09 / 20 / 2005
Mailing Address 1335 14th Street NW		Amount of Each Disbursement this Period 842.69
City Washington State DC Zip Code 20001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement fundraising 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 127 / 130

<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. AT&T Wireless		Transaction ID: D7910 Date of Disbursement 09 / 30 / 2005
Mailing Address PO BOX 8220		Amount of Each Disbursement this Period 54.36
City Aurora State IL Zip Code 60572-8220	Purpose of Disbursement cellphone 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. US House Members Dining		Transaction ID: D7909 Date of Disbursement 09 / 29 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 51.42
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: D7911 Date of Disbursement 09 / 30 / 2005
Mailing Address US Capitol		Amount of Each Disbursement this Period 24.40
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) ▶	67466.81

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 / 130

<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

<p>A. Bay Shore Postmaster</p> <p>Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee</p> <p>Mailing Address 13 5th Ave</p> <p>City Bay Shore State NY Zip Code 11706</p> <p>Purpose of Disbursement In Kind Contribution to Marlene</p> <p>Candidate Name</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>Transaction ID: D7635 Date of Disbursement 09 / 28 / 2005</p> <p>Amount of Each Disbursement this Period 961.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
--	--	--

<p>B. Friends of Harvey Levinson</p> <p>Full Name (Last, First, Middle Initial) Friends of Harvey Levinson</p> <p>Mailing Address 246 Mineola Blvd</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Donations</p> <p>Candidate Name</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>Transaction ID: D7668 Date of Disbursement 09 / 14 / 2005</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
---	--	--

<p>C. Friends of Lane Evans</p> <p>Full Name (Last, First, Middle Initial) Friends of Lane Evans</p> <p>Mailing Address 499 South Capitol Street SW Suite 604</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Donations</p> <p>Candidate Name</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>Transaction ID: D7669 Date of Disbursement 09 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</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>2211.37</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 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. HEATH SHULER FOR CONGRESS		Transaction ID: D7672 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 5
Mailing Address PO BOX 97		Amount of Each Disbursement this Period 2000.00
City HAZELWOOD State NC Zip Code 28738	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contributions Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Independence Party Chairman's Club		Transaction ID: D7673 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 5
Mailing Address PO Box 871		Amount of Each Disbursement this Period 700.00
City Lindenhurst State NY Zip Code 11757	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation 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. Joseph N. Grano		Transaction ID: D7676 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 733 15th Street NW Suite 700		Amount of Each Disbursement this Period 391.07
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3091.07
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 130

<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. National Democratic Club		Transaction ID: D7698 Date of Disbursement 08 / 10 / 2005
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 190.01 <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 donation		
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. Russ Carnahan for Congress		Transaction ID: D7721 Date of Disbursement 09 / 16 / 2005
Mailing Address 7370 Manchester Road Suite 20		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 Saint Louis State MO Zip Code 63143	Category/ Type	
Purpose of Disbursement Donations		
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. Smith Weaver Post #651		Transaction ID: D7724 Date of Disbursement 08 / 15 / 2005
Mailing Address 23 Foster Ave		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 Sayville State NY Zip Code 11782	Category/ Type	
Purpose of Disbursement donation		
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) ▶	2190.01
TOTAL This Period (last page this line number only) ▶	7492.45