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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
NY State Democratic Committee

Mailing Address 60 Madison Ave.
Suite 1201

City: New York State: NY Zip Code: 10010

Purpose of Disbursement
Transfer to Party Committee

Candidate Name

Category/Type: 008

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

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: D4451
Date of Disbursement: 10 / 28 / 2004

Amount of Each Disbursement this Period: 19304.78

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

B. Full Name (Last, First, Middle Initial)
NY State Democratic Committee

Mailing Address 60 Madison Ave.
Suite 1201

City: New York State: NY Zip Code: 10010

Purpose of Disbursement
Transfer to Party Committee

Candidate Name

Category/Type: 008

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

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: D4445
Date of Disbursement: 11 / 01 / 2004

Amount of Each Disbursement this Period: 3200.00

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

C. Full Name (Last, First, Middle Initial)
Oneida County Democratic Committee

Mailing Address 2018 Genesee St.

City: Utica State: NY Zip Code: 13502

Purpose of Disbursement
Transfer to Party Committee

Candidate Name

Category/Type: 008

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

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: D4356
Date of Disbursement: 10 / 19 / 2004

Amount of Each Disbursement this Period: 2500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 25004.78

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