

# 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)

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|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <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 |

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

|   |  |  |
|---|--|--|
| <p><b>A.</b> Friends of Carolyn McCarthy</p> <p>Full Name (Last, First, Middle Initial)<br/>Steve Israel For Congress Committee</p> <p>Mailing Address PO Box 190</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2004<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       |  | <p><b>Transaction ID:</b> D6011</p> <p>Date of Disbursement<br/>09 / 13 / 2004</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Friends of Sidikman</p> <p>Full Name (Last, First, Middle Initial)<br/>Friends of Sidikman</p> <p>Mailing Address 303 Crosswys Park Drive</p> <p>City Woodbury State NY Zip Code 11797</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2004<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 |  | <p><b>Transaction ID:</b> D6012</p> <p>Date of Disbursement<br/>09 / 03 / 2004</p> <p>Amount of Each Disbursement this Period<br/>250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Ginny Schrader for Congress</p> <p>Full Name (Last, First, Middle Initial)<br/>Ginny Schrader for Congress</p> <p>Mailing Address 2 rk Lane Suite 105</p> <p>City Feasterville State PA Zip Code 19053</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2004<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> D6014</p> <p>Date of Disbursement<br/>09 / 28 / 2004</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

2250.00

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