

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Daniel DeSimone

Mailing Address **470 Atlantic Street**

City **East Northport** State **NY** Zip Code **11731**

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

Name of Employer **Continued Care of Long Island** Occupation **Home Healthcare**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 MM / DD / YYYY
03 / 01 / 2012

Transaction ID : **C7944635**

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tali Farhadian Weinstein

Mailing Address **870 Fifth Avenue Apt 16A**

City **New York** State **NY** Zip Code **10065**

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

Name of Employer **US Attorney's Office, Eastern District** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
03 / 30 / 2012

Transaction ID : **C8069241**

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Tali Farhadian Weinstein

Mailing Address **870 Fifth Avenue Apt 16A**

City **New York** State **NY** Zip Code **10065**

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

Name of Employer **US Attorney's Office, Eastern District** Occupation **Attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 MM / DD / YYYY
03 / 30 / 2012

Transaction ID : **C8069248**

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

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

5500.00

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