

**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

Friends of Selandy for Congress

ADDRESS (number and street)

07 Bogtown Road

Check if different than previously reported. (ACC)

North Salem

NY

10580

2. **FEC IDENTIFICATION NUMBER**

C00378877

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT **NEW (N)** OR **X AMENDED (A)**

NY 19

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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 04 01 2004 through 06 30 2004

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 Alan Cole

Signature of Treasurer Electronically Filed by Alan Cole Date 08 06 2004

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Selency for Congress

Report Covering the Period: From: ^M 0 ^M 4 ^D 0 ^D 1 ^Y 2 ^Y 0 ^Y 0 ^Y 4 To: ^M 0 ^M 6 ^D 3 ^D 0 ^Y 2 ^Y 0 ^Y 0 ^Y 4

	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(a)).....	15414.20	36714.20
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15414.20	36714.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	19369.91	25518.16
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19369.91	25518.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	11196.04	
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

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Selandy for Congress

Report Covering the Period: From: ^{M M} 0 4 ^{D J} 0 1 ^{Y Y Y Y} 2 0 0 4 To: ^{V V} 0 8 ^{U J} 3 0 ^{Y Y Y Y} 2 0 0 4

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	12250.00	
(i) Itemized (use Schedule A).....		
	3164.20	
(ii) Unitemized.....		
(iii) TOTAL of contributions	15414.20	31714.20
from individuals..... ▶		
	0.00	0.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	0.00	0.00
	0.00	5000.00
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	15414.20	36714.20
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
	0.00	0.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	15414.20	36714.20

DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	19369.91	25518.16
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
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(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	0.00
<hr/>		
21. OTHER DISBURSEMENTS.....	0.00	0.00
<hr/>		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	19369.91	25518.16

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15151.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	15414.20
25. SUBTOTAL (add Line 23 and Line 24).....	30565.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19369.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11196.04

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. Joan Amos		Date of Receipt M / D / Y 05 / 10 / 2004
Mailing Address 14 Butler Road		Transaction ID: SA11A1.4299
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Magalen O. Bryant		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address P.O. Box 1850		Transaction ID: SA11A1.4182
City Middleburg	State VA	Zip Code 20118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation businesswoman	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Alan Cole		Date of Receipt M / D / Y 08 / 27 / 2004
Mailing Address 157 Todd Road		Transaction ID: SA11A1.4287
City Katonah	State NY	Zip Code 10538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer IBM	Occupation Computer Science	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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 6 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. Roger Davidson		Date of Receipt M / D / Y 06 / 22 / 2004
Mailing Address 72 Valley Road		Transaction ID: SA11A1.4252
City Katonah	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation musician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Steven L. Emanuel		Date of Receipt M / D / Y 06 / 08 / 2004
Mailing Address 2 Rocky Hollow Drive		Transaction ID: SA11A1.4221
City Larchmont	State NY	Zip Code 10538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Emanuel Enterprises, Inc.	Occupation legal publishing	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Griffs Fessett		Date of Receipt M / D / Y 05 / 28 / 2004
Mailing Address 185 Little York Road		Transaction ID: SA11A1.4209
City Warwick	State NY	Zip Code 10560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Home Inspector	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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: PAGE 7 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. James M. Fowler		Date of Receipt M / D / Y 05 / 14 / 2004
Mailing Address 783 Silvermine Road		Transaction ID: SA11A1.4201
City New Canaan	State CT	Zip Code 06840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation zoologist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Neva Goodwin		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 11 Lowell Street		Transaction ID: SA11A1.4180
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tufts University	Occupation Economist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Neva Goodwin		Date of Receipt M / D / Y 04 / 09 / 2004
Mailing Address 11 Lowell Street		Transaction ID: SA11A1.4192
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Tufts University	Occupation Economist	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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 8 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. Peter H. Harckham		Date of Receipt M / D / Y 04 / 27 / 2004
Mailing Address 277 Mt. Holly Road		Transaction ID: SA11A1.4195
City Katonah	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation independent producer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Pras Kabacoff		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 210 Branne Street Suite 1717		Transaction ID: SA11A1.4289
City New Orleans	State LA	Zip Code 70112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Historic Restoration Inc.	Occupation President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Richard S. Klein		Date of Receipt M / D / Y 08 / 27 / 2004
Mailing Address 1872 Commerce Street		Transaction ID: SA11A1.4285
City Yorktown Heights	State NY	Zip Code 10568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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: PAGE 9 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. Richard Ottinger		Date of Receipt M / D / Y 04 / 07 / 2004
Mailing Address 818 The Crescent		Transaction ID: SA11A1.4172
City Mamaroneck	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation retired	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Leroy Parker		Date of Receipt M / D / Y 08 / 22 / 2004
Mailing Address 20 Lincoln Road		Transaction ID: SA11A1.4287
City Wayland	State MA	Zip Code 01778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation physician	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Elizabeth W. Patrovelk		Date of Receipt M / D / Y 08 / 21 / 2004
Mailing Address 13 Elmer Galloway Road		Transaction ID: SA11A1.4245
City Katonah	State NY	Zip Code 10538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (request pending)	Occupation (request pending)	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 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: PAGE 10 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. Jonathan Rose		Date of Receipt M / D / Y 04 / 16 / 2004
Mailing Address Baxter Road		Transaction ID: SA11A1.4188
City North Salem	State NY	Zip Code 10560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jonathan Rose & Companies, LLC	Occupation Real estate planning & development	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Alan Rosenfield		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 4 Crosshill Road		Transaction ID: SA11A1.4268
City Hartsdale	State NY	Zip Code 10530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia University	Occupation Dean	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Pauline Schneider		Date of Receipt M / D / Y 06 / 29 / 2004
Mailing Address 38 Schildbach Rd		Transaction ID: SA11A1.4298
City Pound Ridge	State NY	Zip Code 10578
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation landscape designer	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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: PAGE 11 / 34
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial) A. Philippe Selendy		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2004	
Mailing Address 120 Riverside Drive		Transaction ID: SA11A1.4249	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer self Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼	1000.00	

Full Name (Last, First, Middle Initial) B. Philippe Selendy		Date of Receipt M / D / Y Y Y Y 06 / 21 / 2004	
Mailing Address 120 Riverside Drive		Transaction ID: SA11A1.4251	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a)-1)	
Name of Employer self Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Occupation Attorney Election Cycle-to-Date ▼	2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	12250.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
 (check only one)

PAGE 12 / 34

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

A. Full Name (Last, First, Middle Initial)
 Carl Donohue Productions

Mailing Address 6640 Akers Mill Rd.

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
 Rights to eagle image for campaign meter

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4325
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 395.00

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

004
 Category/
 Type

B. Full Name (Last, First, Middle Initial)
 JP Morgan Bank Card

Mailing Address Cross River Plaza

City Cross River State NY Zip Code 10518

Purpose of Disbursement
 Expenditures 3/16 - 4/15

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 Disbursement For: 2004
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4387
 Date of Disbursement
 04 / 15 / 2004

Amount of Each Disbursement this Period
 396.93

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

Category/
 Type

C. Full Name (Last, First, Middle Initial)
 Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4387.8
 Date of Disbursement
 03 / 24 / 2004

Amount of Each Disbursement this Period
 80.31

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

[MEMO ITEM]

002
 Category/
 Type

SUBTOTAL of Disbursements This Page (optional) ▶ **791.93**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

A. Petty Cash

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

State: NY District: 19

Disbursement For: 2004

Primary General

Other (specify) ▼

Transaction ID: SB17.4367.9
 Date of Disbursement
 04 / 07 / 2004

Amount of Each Disbursement this Period
 14.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
 Category/
 Type

B. JP Morgan Bank Card

Full Name (Last, First, Middle Initial)

Mailing Address Cross River Plaza

City State Zip Code
 Cross River NY 10518

Purpose of Disbursement
 Expenditures 4/16 - 5/17

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

State: NY District: 19

Disbursement For: 2004

Other (specify) ▼

Transaction ID: SB17.4372
 Date of Disbursement
 05 / 17 / 2004

Amount of Each Disbursement this Period
 1452.09

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

Category/
 Type

C. Petty Cash

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

State: NY District: 19

Disbursement For: 2004

Primary General

Other (specify) ▼

Transaction ID: SB17.4372.1
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 61.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

002
 Category/
 Type

SUBTOTAL of Disbursements This Page (optional) ▶ **1452.09**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Shine Salon

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: SB17.4372.2
 Date of Disbursement
 04 / 21 / 2004

Amount of Each Disbursement this Period
 127.72

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.3
 Date of Disbursement
 04 / 22 / 2004

Amount of Each Disbursement this Period
 153.52

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Shine Salon

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: SB17.4372.4
 Date of Disbursement
 04 / 22 / 2004

Amount of Each Disbursement this Period
 41.00

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Shine Salon

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

004
 Category/
 Type

Transaction ID: SB17.4372.6
 Date of Disbursement
 04 / 23 / 2004

Amount of Each Disbursement this Period
 45.58

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.7
 Date of Disbursement
 04 / 26 / 2004

Amount of Each Disbursement this Period
 201.75

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.9
 Date of Disbursement
 04 / 27 / 2004

Amount of Each Disbursement this Period
 25.43

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.11
 Date of Disbursement
 04 / 30 / 2004

Amount of Each Disbursement this Period
 40.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17.4372.13
 Date of Disbursement
 05 / 03 / 2004

Amount of Each Disbursement this Period
 56.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.17
 Date of Disbursement
 05 / 06 / 2004

Amount of Each Disbursement this Period
 100.00

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.21
 Date of Disbursement
 05 / 10 / 2004

Amount of Each Disbursement this Period
 36.07

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

008
 Category/
 Type

Transaction ID: SB17.4372.23
 Date of Disbursement
 05 / 11 / 2004

Amount of Each Disbursement this Period
 63.57

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4372.25
 Date of Disbursement
 05 / 14 / 2004

Amount of Each Disbursement this Period
 6.25

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/Type
 001

Transaction ID: SB17.4372.27
 Date of Disbursement
 05 / 17 / 2004

Amount of Each Disbursement this Period
 29.28

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JP Morgan Bank Card

Mailing Address Cross River Plaza

City State Zip Code
 Cross River NY 10518

Purpose of Disbursement
 expenditures 5/18 - 6/15

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Other (specify) ▼

Category/Type

Transaction ID: SB17.4373
 Date of Disbursement
 06 / 15 / 2004

Amount of Each Disbursement this Period
 574.96

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

Full Name (Last, First, Middle Initial)
C. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/Type
 002

Transaction ID: SB17.4373.1
 Date of Disbursement
 05 / 21 / 2004

Amount of Each Disbursement this Period
 41.50

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ **574.96**

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4373.4
 Date of Disbursement
 05 / 26 / 2004

Amount of Each Disbursement this Period
 18.42

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4373.5
 Date of Disbursement
 05 / 27 / 2004

Amount of Each Disbursement this Period
 100.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4373.7
 Date of Disbursement
 06 / 01 / 2004

Amount of Each Disbursement this Period
 100.00

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4373.9
 Date of Disbursement
 06 / 02 / 2004

Amount of Each Disbursement this Period
 16.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4373.10
 Date of Disbursement
 06 / 02 / 2004

Amount of Each Disbursement this Period
 12.50

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4373.11
 Date of Disbursement
 06 / 03 / 2004

Amount of Each Disbursement this Period
 30.40

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

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Petty Cash

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4373.13
 Date of Disbursement
 06 / 14 / 2004

Amount of Each Disbursement this Period
 100.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

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

Mailing Address 1 Stowe Road
 Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
 campaign work + reimbursements

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4320
 Date of Disbursement
 04 / 15 / 2004

Amount of Each Disbursement this Period
 1797.11

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

Full Name (Last, First, Middle Initial)
C. Michael Morey

Mailing Address 1 Stowe Road
 Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
 campaign coordination

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4320.0
 Date of Disbursement
 04 / 15 / 2004

Amount of Each Disbursement this Period
 1500.00

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► **1797.11**

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Michael Morey

Mailing Address 1 Stowe Road
Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
Reimb. for Orange Co. Dem. Dinner

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NY District 19

Transaction ID: SB17.4330
Date of Disbursement

04 / 29 / 2004

Amount of Each Disbursement this Period

250.00

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

008
Category/
Type

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

Mailing Address 1 Stowe Road
Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
Reimb. for Pound Ridge Dem. Dinner (2)

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NY District 19

Transaction ID: SB17.4331
Date of Disbursement

05 / 09 / 2004

Amount of Each Disbursement this Period

170.00

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

007
Category/
Type

Full Name (Last, First, Middle Initial)
C. Michael Morey

Mailing Address 1 Stowe Road
Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
campaign services + reimbursements

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NY District 19

Transaction ID: SB17.4337
Date of Disbursement

05 / 16 / 2004

Amount of Each Disbursement this Period

1832.50

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

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

2252.50

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Travel costs

Mailing Address

City State Zip Code

Purpose of Disbursement
Reimb. travel thru 5/15

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4337.0
Date of Disbursement
05 / 16 / 2004

Amount of Each Disbursement this Period
152.70

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Business meetings

Mailing Address

City State Zip Code

Purpose of Disbursement
Business roundtable

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4337.1
Date of Disbursement
05 / 16 / 2004

Amount of Each Disbursement this Period
47.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Michael Marey

Mailing Address 1 Stowe Road
Unit 1B

City Peekskill State NY Zip Code 10568

Purpose of Disbursement
reimbursements 5/15 - 5/25

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4340
Date of Disbursement
05 / 26 / 2004

Amount of Each Disbursement this Period
642.78

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

SUBTOTAL of Disbursements This Page (optional) ▶ **642.79**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Travel costs

Mailing Address

City State Zip Code

Purpose of Disbursement
 Travel reimb. thru 5/26

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

002
 Category/
 Type

Transaction ID: SB17.4340.0
 Date of Disbursement
 05 / 26 / 2004

Amount of Each Disbursement this Period
 92.53

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Business meetings

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb thru 5/26

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17.4340.1
 Date of Disbursement
 05 / 26 / 2004

Amount of Each Disbursement this Period
 181.11

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Postage

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. thru 5/26: stamps

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17.4340.2
 Date of Disbursement
 05 / 26 / 2004

Amount of Each Disbursement this Period
 185.00

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Office supplies

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. thru 5/26: toner, labels, ink,...

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4340.3
 Date of Disbursement
 05 / 26 / 2004

Amount of Each Disbursement this Period
 184.15

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

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

Mailing Address 1 Stowe Road
 Unit 1B

City State Zip Code
 Pookskill NY 10566

Purpose of Disbursement
 reimbursements 5/26 - 6/9

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4349
 Date of Disbursement
 06 / 10 / 2004

Amount of Each Disbursement this Period
 1063.75

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

Full Name (Last, First, Middle Initial)
C. Travel costs

Mailing Address

City State Zip Code

Purpose of Disbursement
 Fuel, toll

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4349.0
 Date of Disbursement
 06 / 09 / 2004

Amount of Each Disbursement this Period
 105.44

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► **1063.75**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)

A. Business meetings

Mailing Address

City State Zip Code

Purpose of Disbursement

County conventions

Candidate Name

Friends of Selendy for Congress

Office Sought: House
 Senate
 President

State: NY District 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

007
 Category/
 Type

Transaction ID: SB17.4349.1

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

189.41

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Postage

Mailing Address

City State Zip Code

Purpose of Disbursement

Stamps, express mail

Candidate Name

Friends of Selendy for Congress

Office Sought: House
 Senate
 President

State: NY District 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17.4349.2

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

201.55

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Office supplies

Mailing Address

City State Zip Code

Purpose of Disbursement

Paper, ink, folders, etc.

Candidate Name

Friends of Selendy for Congress

Office Sought: House
 Senate
 President

State: NY District 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

001
 Category/
 Type

Transaction ID: SB17.4349.3

Date of Disbursement

06 / 09 / 2004

Amount of Each Disbursement this Period

361.07

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Telephone use

Mailing Address

City State Zip Code

Purpose of Disbursement
 Landline + cellular

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4349.4
 Date of Disbursement
 06 / 09 / 2004

Amount of Each Disbursement this Period
 206.28

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

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

Mailing Address 1 Stowe Road
 Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
 campaign services

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4350
 Date of Disbursement
 06 / 16 / 2004

Amount of Each Disbursement this Period
 1500.00

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

Full Name (Last, First, Middle Initial)
C. Michael Morey

Mailing Address 1 Stowe Road
 Unit 1B

City Peekskill State NY Zip Code 10566

Purpose of Disbursement
 petty cash fund

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 State: NY District 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Transaction ID: SB17.4351
 Date of Disbursement
 06 / 26 / 2004

Amount of Each Disbursement this Period
 100.00

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

SUBTOTAL of Disbursements This Page (optional) ► **1600.00**

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Elisabeth Higgins Null

Mailing Address 706 Bonifant Street

City Silver Spring, State MD Zip Code 20910

Purpose of Disbursement
issues research

Candidate Name
Friends of Selendy for Congress

Office Sought: House
Senate
President

State: NY District 19

Disbursement For: 2004
 Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.4334
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

360.00

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

Full Name (Last, First, Middle Initial)
B. Gary Schueller

Mailing Address

City State Zip Code

Purpose of Disbursement
campaign consulting

Candidate Name
Friends of Selendy for Congress

Office Sought: House
Senate
President

State: NY District 19

Disbursement For: 2004
 Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB17.4319
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

1520.01

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

Full Name (Last, First, Middle Initial)
C. Janine Mary Hardcastle Selendy

Mailing Address B7 Bagtown Road

City North Salem, State NY Zip Code 10580

Purpose of Disbursement
Reimbursements

Candidate Name
Friends of Selendy for Congress

Office Sought: House
Senate
President

State: NY District 19

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB17.4313
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

1200.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3089.01

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Postage

Mailing Address

City State Zip Code

Purpose of Disbursement
 Postage, express mail, etc.

Candidate Name
 Friends of Selendy for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4313.0
 Date of Disbursement
 04 / 01 / 2004

Amount of Each Disbursement this Period
 293.16

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Amtrak

Mailing Address

City State Zip Code

Purpose of Disbursement
 Round trip to DC; 1-way to DC

Candidate Name
 Friends of Selendy for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4313.1
 Date of Disbursement
 04 / 01 / 2004

Amount of Each Disbursement this Period
 216.05

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JetBlue

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimburse 1-way to Oakland, CA for NDN

Candidate Name
 Friends of Selendy for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4313.3
 Date of Disbursement
 04 / 01 / 2004

Amount of Each Disbursement this Period
 204.00

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

A. Fuel

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. thru 4/1

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4313.5
 Date of Disbursement
 04 / 01 / 2004

Amount of Each Disbursement this Period
 283.19

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

B. Janine Mary Hardcastle Selendy

Full Name (Last, First, Middle Initial)

Mailing Address 07 Bogtown Road

City State Zip Code
 North Salem NY 10560

Purpose of Disbursement
 SF + NYC event reimbursements

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4329
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 2000.00

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

C. Intercontinental Hotel

Full Name (Last, First, Middle Initial)

Mailing Address 899 California St.

City State Zip Code
 San Francisco CA 94108

Purpose of Disbursement
 Reimb. for stay at New Dem. Network

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4329.0
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 801.28

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► **2000.00**

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

A. Fuel

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. for fuel

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4329.1
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 87.85

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

B. Shine Salon

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. for campaign photo shoot & prep

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4329.2
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 331.02

Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53
[MEMO ITEM]

C. Office supplies

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. for office supplies

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President

Disbursement For: 2004
 Primary General
 Other (specify) ▼

State: NY District: 19

Transaction ID: SB17.4329.3
 Date of Disbursement
 04 / 20 / 2004

Amount of Each Disbursement this Period
 778.85

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Janine Mary Hardcastle Selendy

Mailing Address 97 Bogtown Road

City North Salem State NY Zip Code 10580

Purpose of Disbursement
 reimbursement for expenses

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: NY District 19

Category/
 Type

Transaction ID: SB17.4374
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1400.00

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

Full Name (Last, First, Middle Initial)
B. Office supplies

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. for office supplies

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: NY District 19

DD1
 Category/
 Type

Transaction ID: SB17.4374.0
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

631.20

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Business meetings

Mailing Address

City State Zip Code

Purpose of Disbursement
 Reimb. for meetings thru 4/29

Candidate Name
 Friends of Selendy for Congress

Office Sought: House Senate President
 Disbursement For: 2004
 Primary General
 Other (specify) ▼
 State: NY District 19

DD3
 Category/
 Type

Transaction ID: SB17.4374.1
 Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

676.52

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1400.00

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)

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

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NAME OF COMMITTEE (In Full)
Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
A. Kathie Talbot

Mailing Address 410 Decatur Ave.

City Peekskill State NY Zip Code 10586

Purpose of Disbursement
media services

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NY District 19

004
Category/
Type

Transaction ID: SB17.4338
Date of Disbursement

05 / 19 / 2004

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)
B. Verizon Wireless

Mailing Address

City State Zip Code

Purpose of Disbursement
Mobile phone + initial service

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NY District 19

001
Category/
Type

Transaction ID: SB17.4327
Date of Disbursement

04 / 20 / 2004

Amount of Each Disbursement this Period

482.00

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

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

Mailing Address 170 East Post Road

City White Plains State NY Zip Code 10601

Purpose of Disbursement
Journal ad for annual dinner

Candidate Name
Friends of Selendy for Congress

Office Sought: House Senate President
Disbursement For: 2004
 Primary General
Other (specify) ▼

State: NY District 19

004
Category/
Type

Transaction ID: SB17.4310
Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1332.00

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)

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

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NAME OF COMMITTEE (In Full)
 Friends of Selendy for Congress

Full Name (Last, First, Middle Initial)
 A. Westchester County Democratic Committee

Mailing Address 170 East Post Road

City State Zip Code
 White Plains NY 10601

Purpose of Disbursement
 Annual dinner (2 tickets)

Candidate Name
 Friends of Selendy for Congress

Office Sought: House
 Senate
 President
 State: NY District: 19

Disbursement For: 2004
 Primary General
 Other (specify) ▼

007
 Category/
 Type

Transaction ID: SB17.4312
 Date of Disbursement

04 / 01 / 2004

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

350.00

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

18346.14