

**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 295 OF 299
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial) A. Murray Victory Fund		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 119 1st Avenue South Suite 320		FEC Identification Number C C00565127
City Seattle	State WA	Zip Code 98104
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 50000.00
Candidate Name	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2016 Contribution	Transaction ID : D592166
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. New York State Committee of the Working Families Party		Date of Disbursement MM / DD / YYYY 07 / 21 / 2016
Mailing Address 2-4 Nevins St. 3rd Fl.		FEC Identification Number C C00350991
City Brooklyn	State NY	Zip Code 11217
Purpose of Disbursement Transfer to Party Committee	Category/Type 011	Amount of Each Disbursement this Period 25000.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D592176
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. New York State Volunteer Ambulance and Rescue Association		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 1450 Western Avenue		FEC Identification Number C
City Albany	State NY	Zip Code 12203
Purpose of Disbursement Donation	Category/Type 012	Amount of Each Disbursement this Period 500.00
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : D593215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional)...	75500.00
TOTAL This Period (last page this line number)...	

201610210200516537