

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
03 JUL 15 PM 3:34

H.D.

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 Hillary

ADDRESS (number and street) 500 2nd Street, NE

Washington DC 20002

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00358895

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

CITY STATE ZIP CODE STATE DISTRICT
NY 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

(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. Termination Report (TER)

5. Covering Period 04 01 2003 through 06 30 2003

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 HAROLD ECKES

Signature of Treasurer *Harold Eckes* Date 07 14 2003

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							
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Hillary

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y Y
2 0 0 3

To:

M M
0 6D D
3 0Y Y Y Y Y
2 0 0 3

	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(e))...	208000.22	2081659.88
(b) Total Contribution Refunds (from Line 20(d))...	0.00	24885.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	208000.22	2056774.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	264279.45	1743791.09
(b) Total Offsets to Operating Expenditures (from Line 14)...	16028.42	25972.14
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	248251.03	1717818.95
8. Cash on Hand at Close of Reporting Period (from Line 27)...	386629.14	
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)...	12698.97	

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 Hillary

Report Covering the Period:

From:

MM
04DD
01YYYY
2003

To:

MM
06DD
30YYYY
2003

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

(i) Itemized (use Schedule A)...

161550.00

22342.45

(ii) Unitemized.....

(iii) TOTAL of contributions

183892.45

from individuals... ▶

1852499.03

0.00

100.00

(b) Political Party Committees...

(c) Other Political Committees (such as PACS)...

24107.77

229060.85

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(ii), (b), (c), and (d))

208000.22

2081659.88

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...

0.00

35020.57

13. LOANS

(a) Made or Guaranteed by the Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...

18028.42

25972.14

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

3228.14

139047.64

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

227254.78

2281700.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	264279.45	1743791.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES...	0.00	51664.20
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
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	0.00	22385.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	24885.00
21. OTHER DISBURSEMENTS.....	0.00	120895.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	264279.45	1941235.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	423653.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	227254.78
25. SUBTOTAL (add Line 23 and Line 24)...	650908.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	264279.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	386629.14

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 179
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Irving Adler

Mailing Address 4101 Cathedral Avenue, N.W.

City Washington State DC Zip Code 20018-7501

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
04 / 30 / 2003

Transaction ID: C423934

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Terry Agries

Mailing Address 24 East 7th Street
Number 6-A

City New York State NY Zip Code 10003

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

Name of Employer Consolidated Edison
Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2003

Transaction ID: C423387

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Sara Nolan Arnell

Mailing Address Post Office Box 826

City Katonah State NY Zip Code 10535

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

Name of Employer Arnell Advertising
Occupation Marketing

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2003

Transaction ID: C423388

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
John Bents, III

Mailing Address 117 Sterling Place
Number 2

City State Zip Code
Brooklyn NY 11217

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

Name of Employer Occupation
Consolidated Edison, Inc Vice-President of Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: C423438

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

B. Full Name (Last, First, Middle Initial)
Anthony S. Barken

Mailing Address The Clinton Group
8 West 57th Street

City State Zip Code
New York NY 10019

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

Name of Employer Occupation
Clinton Group Portfolio Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: C423303

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

C. Full Name (Last, First, Middle Initial)
Robert B. Barnett

Mailing Address 2801 New Mexico Avenue, N.W.
Number 324

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Williams and Connolly Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2008

Transaction ID: C423277

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(441a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 178
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Carol M. Barris

Full Name (Last, First, Middle Initial)
Mailing Address 15 Antony Road

City State Zip Code
White Plains NY 10605

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

Name of Employer Occupation
Orange and Rockland Utilities, Inc. Vice President, Administrative Service

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2003

Transaction ID: C423372

Amount of Each Receipt this Period
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

B. Joseph Beam

Full Name (Last, First, Middle Initial)
Mailing Address 1739 Signature Place

City State Zip Code
Wilmington NC 28405-4131

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

Name of Employer Occupation
N/A None

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2003

Transaction ID: C423851

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

C. Michael Berman

Full Name (Last, First, Middle Initial)
Mailing Address 2801 New Mexico Avenue, N.W.
Apartment 817

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
The Duberstein Group President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2003

Transaction ID: C418245

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 178
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
David Bigelow

Mailing Address 12 James Road

City Harrison State NY Zip Code 10528

FEC ID number of contributing federal political committee. C

Name of Employer Radian Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008

Transaction ID: C423287

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Ria Bigelow

Mailing Address 12 James Road

City Harrison State NY Zip Code 10528

FEC ID number of contributing federal political committee. C

Name of Employer The Autism Coalition Occupation Treasurer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008

Transaction ID: C423387

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Sue Ellen Blumberg

Mailing Address 430 East 88th Street
Apartment 3G

City New York State NY Zip Code 10028

FEC ID number of contributing federal political committee. C

Name of Employer GBC World Markets Occupation Executive Director, Equity Trading

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008

Transaction ID: C423304

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 9 / 179	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Theresa A. Bischoff

Mailing Address NYU Hospital Center
550 First Avenue

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
NYU Hospital Center President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: C424099

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

B. Full Name (Last, First, Middle Initial)
Theresa A. Bischoff

Mailing Address NYU Hospital Center
550 First Avenue

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
NYU Hospital Center President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: C423288

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

C. Full Name (Last, First, Middle Initial)
Stephen B. Bram

Mailing Address Consolidated Edison, Inc.
701 Westchester Avenue

City State Zip Code
White Plains NY 10604

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

Name of Employer Occupation
Consolidated Edison, Inc. President, Energy & Communications

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2008

Transaction ID: C423373

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 of 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Richard Brashear

Mailing Address Post Office Box 3974

City Albany State NY Zip Code 12203-0974

FEC ID number of contributing federal political committee. C

Name of Employer State of New York Occupation Benefits Examiner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 01 / 2003

Transaction ID: C423456

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(j)(441a-1)

B. Full Name (Last, First, Middle Initial)
Dave Bregman

Mailing Address 225 East 46th Street
Apartment 12F

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. C

Name of Employer Medplaza of Dix Hills Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 16 / 2003

Transaction ID: C423446

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(j)(441a-1)

C. Full Name (Last, First, Middle Initial)
Steven H. Bruce

Mailing Address 501 Madison Avenue

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. C

Name of Employer Abernathy MacGregor Occupation Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2003

Transaction ID: C423289

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(j)(441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 179
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) Kevin Burke		Date of Receipt MM / DD / YYYY 05 / 18 / 2003	
Mailing Address 455 East 88th Street Apartment 300		Transaction ID: C423389	
City State Zip Code New York NY 10028	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)		
Name of Employer Consolidated Edison	Occupation Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1000.00		

Full Name (Last, First, Middle Initial) Laurie E. Carr		Date of Receipt MM / DD / YYYY 05 / 17 / 2003	
Mailing Address 3958 Northwest 56th Street		Transaction ID: C423447	
City State Zip Code Coconut Creek FL 33073-4118	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)		
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 500.00		

Full Name (Last, First, Middle Initial) Marilyn Casali		Date of Receipt MM / DD / YYYY 05 / 16 / 2003	
Mailing Address Con Edison, Inc. 4 Irving Place		Transaction ID: C423374	
City State Zip Code New York NY 10003	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)		
Name of Employer Con Edison, Inc.	Occupation Vice President, Customer Operations		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: **PAGE 12 / 178**
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Michael Cervini		Date of Receipt MM / DD / YYYY 06 / 05 / 2003
Mailing Address 16 Eastland Drive		Transaction ID: C423433
City Glen Cove	State NY	Zip Code 11542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lilian Chan-Bil		Date of Receipt MM / DD / YYYY 05 / 19 / 2003
Mailing Address 15 Knoll Lane		Transaction ID: C423363
City Glen Head	State NY	Zip Code 11545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer US Airways	Occupation Flight Attendant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Richard S. Cohen		Date of Receipt MM / DD / YYYY 05 / 09 / 2003
Mailing Address 90 Riverside Drive Apartment 10C		Transaction ID: C423306
City New York	State NY	Zip Code 10024-5318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Clinton Group	Occupation Director of Research & Technology	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 179
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Charlotte Colp

Mailing Address 301 East 79th Street
Apartment 12A

City State Zip Code
New York NY 10021-0938

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

Name of Employer Self Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008
Transaction ID: C423307
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

B. Full Name (Last, First, Middle Initial)
Ruth Colp-Heber

Mailing Address 138 East 56th Street

City State Zip Code
New York NY 10022

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

Name of Employer Wharton Property Advisors, Inc. Occupation Real Estate Agent

Receipt For: 2005
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008
Transaction ID: C423280
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

C. Full Name (Last, First, Middle Initial)
William J. Constantine

Mailing Address 112 East 74th Street

City State Zip Code
New York NY 10021

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

Name of Employer Deutsche Bank Occupation Investment Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2008
Transaction ID: C423308
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial) A. Michael A. Crane		Date of Receipt MM / DD / YYYY 05 / 18 / 2003	
Mailing Address 232 Ridge Road		Transaction ID: C423390	
City Douglaston	State NY	Zip Code 11363-1309	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)	
Name of Employer Consolidated Edison	Occupation Assistant Vice President, Occupational		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. William Y. Crowell, III		Date of Receipt MM / DD / YYYY 05 / 18 / 2003	
Mailing Address 20 Holly Lane		Transaction ID: C423391	
City Lake George	State NY	Zip Code 12845	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)	
Name of Employer Self-employed	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Gordon J. Davis		Date of Receipt MM / DD / YYYY 05 / 18 / 2003	
Mailing Address 241 Central Park West Apartment 16C		Transaction ID: C423392	
City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)	
Name of Employer Le Boeuf, Lamb, Greene et al.	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	[]

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Abigail E. Diney

Mailing Address 4444 Lakeside Drive

City Burbank State CA Zip Code 91505

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2008

Transaction ID: C423309

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

B. Full Name (Last, First, Middle Initial)
Barbara Dobkin

Mailing Address 712 Fifth Avenue
41st Floor

City New York State NY Zip Code 10019

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

Name of Employer Information Requested Occupation Information Requested
N/A Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2006

Transaction ID: C423270

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

C. Full Name (Last, First, Middle Initial)
W. Gregory Drennen

Mailing Address 115 Van Rensselaer Avenue

City Stamford State CT Zip Code 06902

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

Name of Employer Information Requested Occupation Information Requested
Clinton Group, Inc. Mortgage Arbitrage

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 09 / 2006

Transaction ID: C423310

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Peter E. Feinberg

Date of Receipt
MM / DD / YYYY
04 / 07 / 2003

Mailing Address 44 Slope Drive

Transaction ID: C423190

City State Zip Code
Short Hills NJ 07078

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CIBC World Market Securities Trader

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

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

Date of Receipt
MM / DD / YYYY
05 / 06 / 2003

Mailing Address 1115 Fifth Avenue

Transaction ID: C423291

City State Zip Code
New York NY 10128

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Allen & Overy Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

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

Date of Receipt
MM / DD / YYYY
04 / 11 / 2003

Mailing Address 270 Madison Avenue
270 Madiso

Transaction ID: C423887

City State Zip Code
New York NY 10016

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wolf Holdenstein Adler Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 3150.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. John M. Fogarty		Date of Receipt MM / DD / YYYY 05 / 09 / 2003	
Mailing Address 420 Colonial Road		Transaction ID: C423311	
City Ridgewood	State NJ	Zip Code 07450	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)	
Name of Employer Clinton Group	Occupation Managing Director	Aggregate Year-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Scott Freda		Date of Receipt MM / DD / YYYY 04 / 28 / 2003	
Mailing Address Barrack, Rodos and Bacine 2001 Market Street		Transaction ID: C423278	
City Philadelphia	State PA	Zip Code 19103	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)	
Name of Employer Barrack, Rodos and Bacine	Occupation Political Finance Director	Aggregate Year-to-Date 750.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert L. Freedman		Date of Receipt MM / DD / YYYY 04 / 11 / 2003	
Mailing Address 114 East 72nd Street Number 10A		Transaction ID: C423240	
City New York	State NY	Zip Code 10021-4245	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)	
Name of Employer GVA Williams	Occupation Real Estate	Aggregate Year-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Joan S. Frelich		Date of Receipt 05 / 16 / 2003	
Mailing Address 600 West 111th Street		Transaction ID: C423375	
City New York	State NY	Zip Code 10025	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)	
Name of Employer Consolidated Edison, Inc.	Occupation Executive	Aggregate Year-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Bryan S. Gallagher		Date of Receipt 04 / 16 / 2003	
Mailing Address 130 East 75th Street Apartment 5A		Transaction ID: C423271	
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)	
Name of Employer US Air Force	Occupation Security	Aggregate Year-to-Date 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas Gallagher		Date of Receipt 04 / 07 / 2003	
Mailing Address 130 East 75th Street		Transaction ID: C423181	
City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)	
Name of Employer N/A	Occupation Retired	Aggregate Year-to-Date 4000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
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Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Thomas Gallagher

Mailing Address 130 East 75th Street

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
04 / 07 / 2008

Transaction ID: C423192

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
David Gedris

Mailing Address 247 Portland Road

City State Zip Code
Atlantic Highlands NJ 07716-2208

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

Name of Employer Occupation
Consolidated Edison Vice President, Brooklyn & Queens

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2008

Transaction ID: C423393

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Edward Gorecki

Mailing Address 105 Maxeas Road
Number S124

City State Zip Code
Melville NY 11747

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

Name of Employer Occupation
HellFille Shares, LLC Sales

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 09 / 2008

Transaction ID: C423292

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Kay Goss
Full Name (Last, First, Middle Initial)
Mailing Address 985 Harrison Circle
City Alexandria State VA Zip Code 22304-7313
FEC ID number of contributing federal political committee. C
Name of Employer EDS Occupation Emergency Manager
Receipt For: 2006
 Primary General
 Other (specify)
Aggregate Year-to-Date 1600.00
Date of Receipt 04 / 29 / 2003
Transaction ID: C423280
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Myra Katz Greenberg
Full Name (Last, First, Middle Initial)
Mailing Address 1120 Fifth Avenue Apartment 10C
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. C
Name of Employer Self Occupation Attorney
Receipt For: 2006
 Primary General
 Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 04 / 22 / 2003
Transaction ID: C423272
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Dorothy Guidici
Full Name (Last, First, Middle Initial)
Mailing Address 1397 Connecticut Drive
City Redwood City State CA Zip Code 94061-2515
FEC ID number of contributing federal political committee. C
Name of Employer N/A Occupation Retired
Receipt For: 2006
 Primary General
 Other (specify)
Aggregate Year-to-Date 500.00
Date of Receipt 05 / 15 / 2003
Transaction ID: C423385
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 2500.00
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 21 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. William L. Haines		Date of Receipt MM / DD / YYYY 05 / 16 / 2003
Mailing Address 120 Fifth Avenue 11th Floor		Transaction ID: C423394
City New York	State NY	Zip Code 10011-5502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Bromley Companies	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Coleen Haney		Date of Receipt MM / DD / YYYY 05 / 09 / 2003
Mailing Address 7 The Summit		Transaction ID: C423368
City Holmdel	State NJ	Zip Code 07733-1300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Robert P. Haney, Jr.		Date of Receipt MM / DD / YYYY 05 / 09 / 2003
Mailing Address 7 The Summit		Transaction ID: C423312
City Holmdel	State NJ	Zip Code 07733-1300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Covington & Burling	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
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Use separate schedule(s)
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Jane Hartley

Mailing Address 820 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
G7 Group President and CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423313

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. J. Kevin Healy

Mailing Address 235 Corlies Avenue

City State Zip Code
Pelham NY 10803

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

Name of Employer Occupation
Bryan Cave LLP Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2003

Transaction ID: C423305

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. William Hecht

Mailing Address 3111 Aurelia Court

City State Zip Code
Brooklyn NY 11210-3255

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt

MM / DD / YYYY
05 / 15 / 2003

Transaction ID: C423560

Amount of Each Receipt this Period

350.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3350.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 23 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Susan J. Hill

Mailing Address 78 Woodley Road

City State Zip Code
Winnelka IL 60093

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C423195

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Mary Elizabeth Howard

Mailing Address 5 Selina Court

City State Zip Code
Glen Cove NY 11542

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

Name of Employer Occupation
Self-employed Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2003

Transaction ID: C423279

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Peter A. Irwin

Mailing Address 250 First Avenue
Apartment 3B

City State Zip Code
New York NY 10009

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

Name of Employer Occupation
Consolidated Edison, Inc. Assistant Secretary

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2003

Transaction ID: C423386

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 24 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Alice Jarcho

Mailing Address 130 East 75th Street

City New York **State** NY **Zip Code** 10021

FEC ID number of contributing federal political committee. C

Name of Employer N/A **Occupation** Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C423194

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Alice Jarcho

Mailing Address 130 East 75th Street

City New York **State** NY **Zip Code** 10021

FEC ID number of contributing federal political committee. C

Name of Employer N/A **Occupation** Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C423193

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Richard Jasculca

Mailing Address 730 North Franklin Suite 510

City Chicago **State** IL **Zip Code** 60610

FEC ID number of contributing federal political committee. C

Name of Employer Jasculca Termen & Assoc. **Occupation** President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

MM / DD / YYYY
04 / 04 / 2003

Transaction ID: C423188

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 25 / 179

(check only one)

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

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Annette B. Johnson

Mailing Address 145 Nassau Street
Apartment 3D

City State Zip Code
New York NY 10036

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

Name of Employer Occupation
NYU Medical Center Vice Dean

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 09 / 2003

Transaction ID: C423314

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Joel P. Johnson

Mailing Address The Harbour Group
3000 K Street, N.W.

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
The Harbour Group Managing Director

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 09 / 2003

Transaction ID: C423293

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Douglas J. Ketch

Mailing Address 59 Kemp Avenue

City State Zip Code
Fair Haven NJ 07704

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

Name of Employer Occupation
Ketch, Wense & Pabilo Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 09 / 2003

Transaction ID: C423315

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 / 179

(check only one)

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

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Douglas J. Katch

Mailing Address 59 Kemp Avenue

City State Zip Code
Fair Haven NJ 07704

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

Name of Employer Occupation
Katch, Warse & Petillo Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 09 / 2008

Transaction ID: C423316

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Karen Katch

Mailing Address 59 Kemp Avenue

City State Zip Code
Fair Haven NJ 07704

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 09 / 2008

Transaction ID: C423370

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Janis Kearney

Mailing Address 5138 South Kenwood Avenue
Number 2

City State Zip Code
Chicago IL 60615

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

Name of Employer Occupation
Self Writer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 13 / 2008

Transaction ID: C423341

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) Isaac Kler		Date of Receipt MM / DD / YYYY 04 / 09 / 2003	
Mailing Address 15 West 81st Street		Transaction ID: C423189	
City New York	State NY	Zip Code 10024	Amount of Each Receipt This Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)	
Name of Employer Coquel Capital	Occupation Partner	Aggregate Year-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) Sang J. Kim		Date of Receipt MM / DD / YYYY 05 / 09 / 2003	
Mailing Address 9 Ashland Drive		Transaction ID: C423294	
City Montville	State NJ	Zip Code 07045	Amount of Each Receipt This Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)	
Name of Employer Self	Occupation	Aggregate Year-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) Coretta Scott King		Date of Receipt MM / DD / YYYY 04 / 14 / 2003	
Mailing Address 234 Sunset Avenue, N.W.		Transaction ID: C423589	
City Atlanta	State GA	Zip Code 30314-3900	Amount of Each Receipt This Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)	
Name of Employer Self	Occupation Activist	Aggregate Year-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Lawrence F. Blurfeld

Mailing Address 48 East 13th Street

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Joelle Frank Wilkinson Brimmer Katz Managing Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2003

Transaction ID: C423376

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Orin Kramer

Mailing Address 251 Glenwood Road

City State Zip Code
Englewood NJ 07831-1910

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

Name of Employer Occupation
Kramer Spellman Investment Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423317

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Charlene Kuo

Mailing Address 201 East 83rd Street
Apartment 8F

City State Zip Code
New York NY 10028-2851

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

Name of Employer Occupation
Goldman Sachs Vice President, Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423295

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 / 179
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Alexander C. Laing

Mailing Address 165 Seaside Avenue

City Stamford State CT Zip Code 06802

FEC ID number of contributing federal political committee. C

Name of Employer Sciens Capital Partners Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2003

Transaction ID: C423397

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

B. Full Name (Last, First, Middle Initial)
Hadi G. Learner

Mailing Address Clinton Group
8 West 57th Street

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. C

Name of Employer Clinton Group Occupation Economist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2003

Transaction ID: C423318

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

C. Full Name (Last, First, Middle Initial)
Juwon Lee

Mailing Address 300 East 75th Street
Number 23J

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. C

Name of Employer Continuity Capital, LLC Occupation Finance

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2003

Transaction ID: C423296

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Myung Lee

Mailing Address 10-25 166th Street
Second Floor

City Whitestone State NY Zip Code 11357

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

Name of Employer Korean Market News Occupation Publisher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 12 / 2003

Transaction ID: C423398

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Myung Lee

Mailing Address 10-25 166th Street
Second Floor

City Whitestone State NY Zip Code 11357

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

Name of Employer Korean Market News Occupation Publisher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 12 / 2003

Transaction ID: C423398

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
You Sun Lee

Mailing Address 10-25 166th Street
Second Floor

City Whitestone State NY Zip Code 11357

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

Name of Employer Korean Market News Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 12 / 2003

Transaction ID: C423401

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

Friends of Hillary

A. You Sun Lee

Full Name (Last, First, Middle Initial)
You Sun Lee

Mailing Address 10-25 168th Street
Second Floor

City Whitestone State NY Zip Code 11357

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

Name of Employer Korean Market News Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 05 / 12 / 2008

Transaction ID: C423400

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Mark Levy

Full Name (Last, First, Middle Initial)
Mark Levy

Mailing Address 7609 Winterberry Place

City Bethesda State MD Zip Code 20817

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

Name of Employer Howrey & Simon Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 04 / 23 / 2008

Transaction ID: C423267

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Paul London

Full Name (Last, First, Middle Initial)
Paul London

Mailing Address 3314 Ross Place, N.W.

City Washington State DC Zip Code 20008

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

Name of Employer Self Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 29 / 2008

Transaction ID: C423281

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 32 / 179	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. <u>Shahin Mott</u>		Date of Receipt MM / DD / YYYY <u>04 / 04 / 2003</u>	
Mailing Address <u>11775 Stratford House Place</u>		Transaction ID: <u>C423882</u>	
City <u>Reston</u>	State <u>VA</u>	Zip Code <u>20190-3392</u>	Amount of Each Receipt This Period <u>500.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)	
Name of Employer <u>Home Health Connection, Inc.</u>	Occupation <u>President</u>	Aggregate Year-to-Date <u>1000.00</u>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. <u>Rian R. Malasky</u>		Date of Receipt MM / DD / YYYY <u>05 / 09 / 2003</u>	
Mailing Address <u>Porter Wright Morris & Arthur 1919 Pennsylvania Avenue, N.W.</u>		Transaction ID: <u>C423297</u>	
City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20006</u>	Amount of Each Receipt This Period <u>1000.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)	
Name of Employer <u>Porter Wright Morris & Arthur</u>	Occupation <u>Attorney</u>	Aggregate Year-to-Date <u>1000.00</u>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. <u>Marian K. Malasky</u>		Date of Receipt MM / DD / YYYY <u>05 / 09 / 2003</u>	
Mailing Address <u>7511 Exeter Road</u>		Transaction ID: <u>C423298</u>	
City <u>Bethesda</u>	State <u>MD</u>	Zip Code <u>20814</u>	Amount of Each Receipt This Period <u>1000.00</u>
FEC ID number of contributing federal political committee. <u>C</u>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)	
Name of Employer <u>Self</u>	Occupation <u>Personnel Consultant</u>	Aggregate Year-to-Date <u>1000.00</u>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<u>2500.00</u>
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 179

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Louis Marlow

Mailing Address 1900 North Howe

City State Zip Code
Chicago IL 60614

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

Name of Employer Self Occupation Investor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 13 / 2003

Transaction ID: C423342

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Erna Manocourt

Mailing Address Post Office Box 5747

City State Zip Code
New York NY 10183-5747

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 08 / 2003

Transaction ID: C423532

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Mary Sara McCartney

Mailing Address 201 West 74th Street
Apartment 14K

City State Zip Code
New York NY 10023

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

Name of Employer Consolidated Edison, Inc. Occupation Director, Corporate Communication

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 16 / 2003

Transaction ID: C423402

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 34 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Mary Jane McCortney

Mailing Address 82-37 Penelope Avenue

City Middle Village State NY Zip Code 11378

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

Name of Employer Consolidated Edison Co. of NY, Inc. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2003

Transaction ID: C423377

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Eugene R. McGrath

Mailing Address 80 Greenhaven Road

City Rye State NY Zip Code 10580

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 16 / 2003

Transaction ID: C423403

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
William J. McGrath

Mailing Address 128 Mercer Avenue

City Hartsdale State NY Zip Code 10530-1923

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

Name of Employer Consolidated Edison, Inc. Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2003

Transaction ID: C423404

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
John D. McMahon

Mailing Address 115 Middleton Place

City State Zip Code
Bronxville NY 10708-1916

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Orange and Rockland Utilities, Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2008

Transaction ID: C423405

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

B. Full Name (Last, First, Middle Initial)
Martha McQuada

Mailing Address 34 East Maple Street

City State Zip Code
Alexandria VA 22301-2228

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
McQuada & Hile Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 15 / 2008

Transaction ID: C423989

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

C. Full Name (Last, First, Middle Initial)
Justin Patrick Meagher

Mailing Address Clinton Group
9 West 57th Street

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Clinton Group Legal Counsel

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 09 / 2008

Transaction ID: C423319

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 36 / 178	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input type="checkbox"/>		<input type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Robert Mennella

Mailing Address 82 Sherwood Drive

City Ramsey State NJ Zip Code 07446

FEC ID number of contributing federal political committee. C

Name of Employer Consolidated Edison Occupation Vice-President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2003

Transaction ID: C423406

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

B. Full Name (Last, First, Middle Initial)
John F. Miksaad, Jr.

Mailing Address 7 Cook Close

City Ridgefield State CT Zip Code 06877

FEC ID number of contributing federal political committee. C

Name of Employer Consolidated Edison Occupation Vice President - Manhattan

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2003

Transaction ID: C423407

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

C. Full Name (Last, First, Middle Initial)
Millennium Capital Markets, LLC

Mailing Address One Rockefeller Plaza Suite 2330

City New York State NY Zip Code 10020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2003

Transaction ID: C423439

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 37 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Millennium Capital Markets, LLC

Mailing Address One Rockefeller Plaza
Suite 2330

City State Zip Code
New York NY 10020

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
06 / 11 / 2003

Transaction ID: C424095

Amount of Each Receipt this Period
-1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Merna Miller

Mailing Address 166 East 124th Street

City State Zip Code
New York NY 10035-1712

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

Name of Employer Occupation
William Sommersville, Inc. Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 22 / 2003

Transaction ID: C423273

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Cheryl Mirkes

Mailing Address 960 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 07 / 2003

Transaction ID: C423196

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 38 / 179

(check only one)

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

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
James J. Morrissey, Jr.

Mailing Address 301 East 48th Street
Number 10H

City State Zip Code
New York NY 10017

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

Name of Employer Detax Corporation Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2003

Transaction ID: C423320

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Jan Alison Morrow

Mailing Address One Lincoln Plaza
Apartment 12F

City State Zip Code
New York NY 10023

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

Name of Employer N/A Occupation Student

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423321

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Tom Munster

Mailing Address Clinton Group, Inc.
9 West 57th Street

City State Zip Code
New York NY 10019

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

Name of Employer Clinton Group, Inc. Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423299

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 39 / 179
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Thomas S. Murphy

Mailing Address 77 West 86th Street

City State Zip Code
New York NY 10023-8298

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

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2008

Transaction ID: C423408

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Thomas T. Newell

Mailing Address Consolidated Edison, Inc.
4 Irving Place

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Consolidated Edison, Inc. Vice President, Gas Operation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: C423378

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Joseph P. Gelee

Mailing Address 50 Brookdale Avenue

City State Zip Code
White Plains NY 10603

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

Name of Employer Occupation
Consolidated Edison, Inc. Vice President, Energy Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: C423410

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 40 / 179

(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 Hillary

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

Mailing Address 3805 Bella Riva Terrace

City State Zip Code
Alexandria VA 22309

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

Name of Employer Occupation
The EOP Group, Inc. Advocate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2006

Transaction ID: C423411

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
James P. OBrien

Mailing Address 1859 Westervelt Avenue

City State Zip Code
Baldwin NY 11510

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

Name of Employer Occupation
Consolidated Edison, Inc. Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 16 / 2006

Transaction ID: C423378

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Lisbeth Oliver

Mailing Address 1172 Park Avenue

City State Zip Code
New York NY 10126

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

Name of Employer Occupation
Oliver Productions Theater Producer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 11 / 2006

Transaction ID: C423243

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

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

3500.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 41 / 179
(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Patrick J. O'Meara		Date of Receipt MM / DD / YYYY 05 / 09 / 2003
Mailing Address 105 East 19th Street Apartment 4D		Transaction ID: C423322
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Clinton Group	Occupation Managing Director	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Deborah B. O'Shea		Date of Receipt MM / DD / YYYY 05 / 07 / 2003
Mailing Address 340 Lakefront Boulevard		Transaction ID: C423323
City Buffalo	State NY	Zip Code 14202-4317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Atlantic Corridor USA	Occupation Development	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. James P. O'Keefe		Date of Receipt MM / DD / YYYY 05 / 16 / 2003
Mailing Address 41 West Norwalk Road		Transaction ID: C423412
City Derien	State CT	Zip Code 06820-2914
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 42 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Dawn M. Palo

Mailing Address 60 West 66th Street
Number 27G

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Bank of America Trader

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423324

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Lisa Perry

Mailing Address One Sutton Place South
Penthouse

City State Zip Code
New York NY 10022-2471

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2003

Transaction ID: C419246

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Sarah Peter

Mailing Address 778 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Self Artist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2003

Transaction ID: C423242

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

4000.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 43 / 179
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Hillary

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

Mailing Address 108 Wooster Street
Apartment 4F

City State Zip Code
New York NY 10012

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

Name of Employer Occupation
Clinton Group, Inc. Portfolio Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423325

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

B. Full Name (Last, First, Middle Initial)
Susan Pomeroy

Mailing Address 422 Pelican Flight Drive

City State Zip Code
Dewees Island SC 29451-9409

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2003

Transaction ID: C423735

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

C. Full Name (Last, First, Middle Initial)
Randolph Price

Mailing Address 4 Fairfax Court

City State Zip Code
Flemington NJ 08822

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

Name of Employer Occupation
Consolidated Edison, Inc. Environment, Health & Safety

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2003

Transaction ID: C423380

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial) A. Leslie Rah		Date of Receipt MM / DD / YYYY 05 / 06 / 2003
Mailing Address 179 East 70th Street		Transaction ID: C423301
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Capital Market Risk Advis- ors	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Louis L. Rana		Date of Receipt MM / DD / YYYY 05 / 16 / 2003
Mailing Address 62 Ridgewood Terrace		Transaction ID: C423381
City Chappaqua	State NY	Zip Code 10514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Consolidated Edison, Inc.	Occupation Engineer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Edward J. Remussen		Date of Receipt MM / DD / YYYY 05 / 16 / 2003
Mailing Address 99 Doncaster Road		Transaction ID: C423413
City Malverne	State NY	Zip Code 11555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Consolidated Edison, Inc.	Occupation Controller	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this fine number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 45 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Franca Resheska

Mailing Address: Consolidated Edison, Inc.
4 Irving Place

City: New York State: NY Zip Code: 10003

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

Name of Employer: Consolidated Edison, Inc. Occupation: Senior Vice President, Public Affairs

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 18 / 2008

Transaction ID: C423414

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Marta Rikis

Mailing Address: 897 Park Avenue
Office E

City: New York State: NY Zip Code: 10021

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

Name of Employer: N/A Occupation: Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
05 / 11 / 2008

Transaction ID: C423326

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Cindy Roseman

Mailing Address: 425 West Broadway
Number 5B

City: New York State: NY Zip Code: 10012

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

Name of Employer: Clinton Group, Inc. Occupation: Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 09 / 2008

Transaction ID: C423302

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

3500.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Lynn de Rothschild

Mailing Address 435 East 52nd Street
Apartment 18C

City State Zip Code
New York NY 10022

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

Name of Employer Self Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 09 / 2003

Transaction ID: C423328

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

B. Full Name (Last, First, Middle Initial)
Ripin Roy

Mailing Address 460 Sixth Avenue
Apartment 3C

City State Zip Code
New York NY 10011

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

Name of Employer Clinton Group Occupation Investment Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 09 / 2003

Transaction ID: C423327

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

C. Full Name (Last, First, Middle Initial)
Howard Rubenstein

Mailing Address Rubenstein & Associates, Inc.
1345 Avenue of the Americas

City State Zip Code
New York NY 10105

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

Name of Employer Rubenstein & Associates, Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4000.00

Date of Receipt
06 / 11 / 2003

Transaction ID: C423448

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

4000.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 / 179
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Timothy J. Ruberti

Mailing Address 245 West 74th Street
Apartment 4A

City State Zip Code
New York NY 10023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Kessler Advisors Marketer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423330

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A-1))

B. Full Name (Last, First, Middle Initial)
Wendy Lynne Ruberti

Mailing Address 245 West 74th Street
Number 4A

City State Zip Code
New York NY 10023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Clinton Group General Counsel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423329

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A-1))

C. Full Name (Last, First, Middle Initial)
Francis Ruchelaki

Mailing Address 28 Bulson Road

City State Zip Code
Rockville Centre NY 11570

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Clinton Group, Inc. Controller

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423331

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A-1))

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 48 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Kathleen Ruckman		Date of Receipt MM / DD / YYYY 04 / 25 / 2003	
Mailing Address 7607 Maple Avenue		Transaction ID: C423832	
City Chevy Chase	State MD	Zip Code 20815-5021	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)	
Name of Employer National Center for Missi- ng and Ex	Occupation Attorney	Aggregate Year-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jack Rudin		Date of Receipt MM / DD / YYYY 05 / 16 / 2003	
Mailing Address 241 Central Park West		Transaction ID: C423416	
City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)	
Name of Employer Rudin Management	Occupation Builder	Aggregate Year-to-Date 4000.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Shirley Rudney		Date of Receipt MM / DD / YYYY 06 / 08 / 2003	
Mailing Address 3506 Livingston Street, N.W.		Transaction ID: C423442	
City Washington	State DC	Zip Code 20015-1758	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)	
Name of Employer Lafayette School	Occupation Teacher	Aggregate Year-to-Date 500.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 49 / 179
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Peter Ruel
Full Name (Last, First, Middle Initial)
Mailing Address 4 Mackway Way
City Rostyn State NY Zip Code 11576
FEC ID number of contributing federal political committee. C
Name of Employer Consolidated Edison Commu- nications Occupation Management
Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2003
Transaction ID: C423382
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Joann F. Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 16 Pashen Place
City Dix Hills State NY Zip Code 11746
FEC ID number of contributing federal political committee. C
Name of Employer Consolidated Edison Solu- tions Occupation President & CEO
Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2003
Transaction ID: C423383
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Sheri Sandler
Full Name (Last, First, Middle Initial)
Mailing Address 151 Central Park West Number 6N
City New York State NY Zip Code 10023
FEC ID number of contributing federal political committee. C
Name of Employer Self Occupation Art Consultant
Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 22 / 2003
Transaction ID: C423274
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 60 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Steven H. Schnur

Mailing Address Electronic Arts
640 North Sepulveda Boulevard

City Los Angeles State CA Zip Code 90049

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

Name of Employer Electronic Arts Occupation Worldwide Executive of Music - VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C423197

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

B. Full Name (Last, First, Middle Initial)
Steven H. Schnur

Mailing Address Electronic Arts
640 North Sepulveda Boulevard

City Los Angeles State CA Zip Code 90049

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

Name of Employer Electronic Arts Occupation Worldwide Executive of Music - VP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C423237

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

C. Full Name (Last, First, Middle Initial)
David Silver

Mailing Address 888 Park Avenue

City New York State NY Zip Code 10021

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C423198

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 51 / 179
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Michelle Saks Strigel

Mailing Address **55 West 11th Street
Penthouse W**

City **New York** State **NY** Zip Code **10011**

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

Name of Employer **McCarton School for Integrated Tre** Occupation **Board Member**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **05 / 09 / 2003**
Transaction ID: **C423332**
Amount of Each Receipt this Period **2000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

B. Full Name (Last, First, Middle Initial)
Scott R. Smith

Mailing Address **519 Prospect Street**

City **Maplewood** State **NJ** Zip Code **07040**

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

Name of Employer **Self** Occupation **Financial Services**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt **05 / 13 / 2003**
Transaction ID: **C423384**
Amount of Each Receipt this Period **2000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

C. Full Name (Last, First, Middle Initial)
Carole Sobin

Mailing Address **205 3rd Avenue**

City **New York** State **NY** Zip Code **10003**

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

Name of Employer **Consolidated Edison, Inc.** Occupation **Vice President, Purchasing**

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 18 / 2003**
Transaction ID: **C423417**
Amount of Each Receipt this Period **500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

SUBTOTAL of Receipts This Page (optional) **4500.00**

TOTAL This Period (last page this line number only) **4500.00**

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 52 / 179

(check only one)

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

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NAME OF COMMITTEE (in Full)
Friends of Hillary

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

Mailing Address 145 Central Park West
Number 10D

City State Zip Code
New York NY 10023

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

Name of Employer Self Occupation
Managing Member

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: C423198

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

B. Full Name (Last, First, Middle Initial)
Gregg Steinberg

Mailing Address 536 Charlemagne Drive

City State Zip Code
Northbrook IL 60062

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

Name of Employer International Profit Assoc. Occupation
Management Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: C423200

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

C. Full Name (Last, First, Middle Initial)
David S. Steiner

Mailing Address Steiner Equities Group LLC
75 Eisenhower Parkway

City State Zip Code
Roseland NJ 07068

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

Name of Employer Steiner Equities Group, LLC Occupation
Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2008

Transaction ID: C423335

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1))

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 53 / 179

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Douglas C. Steiner

Mailing Address 75 Eisenhower Parkway

City State Zip Code
Roseland NJ 07068

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

Name of Employer Occupation
Steiner Equities Group LLC Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423334

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Sylvia L. Steiner

Mailing Address 75 Eisenhower Parkway

City State Zip Code
Roseland NJ 07068

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423336

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
Henry Sullivan

Mailing Address 75 Mitchell Place

City State Zip Code
Little Silver NJ 07739-1807

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

Name of Employer Occupation
Clinton Group, Inc. Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2003

Transaction ID: C423333

Amount of Each Receipt this Period

2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 54 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Leonard Teba

Mailing Address 515 East 79th Street

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fortunoff Fine Jewelry Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 09 / 2003

Transaction ID: C423875

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Luther Tai

Mailing Address Consolidated Edison, Inc
4 Irving Place

City State Zip Code
New York NY 10003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Consolidated Edison, Inc Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2003

Transaction ID: C423418

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
Dorothy Tenenbaum

Mailing Address 1030 Fifth Avenue
Apartment 3E

City State Zip Code
New York NY 10028

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Book Publisher

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
04 / 11 / 2003

Transaction ID: C423244

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3150.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 55 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Claude Trahan

Mailing Address 1309 Dean Street

City State Zip Code
Brooklyn NY 11216

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

Name of Employer Consolidated Edison, Inc
Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 04 / 2003

Transaction ID: C423438

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Margaret Varcamp

Mailing Address 251 Baypoint Drive

City State Zip Code
San Rafael CA 94901-8421

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 27 / 2003

Transaction ID: C424084

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gilda Ventresca-Eccoyd

Mailing Address 3 Park Avenue
15th Floor

City State Zip Code
New York NY 10016

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

Name of Employer NYU School of Medicine
Occupation Associate Dean & Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 08 / 2003

Transaction ID: C423337

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 56 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Richard A. Voell		Date of Receipt 05 / 18 / 2003
Mailing Address 25 Pilot Rock Lane		Transaction ID: C423385
City Riverside	State CT	Zip Code 06878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mersha Wagner		Date of Receipt 04 / 07 / 2003
Mailing Address 8 Lincoln Woods		Transaction ID: C423201
City Purchase	State NY	Zip Code 10577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Alex Weyman		Date of Receipt 04 / 01 / 2003
Mailing Address 580 Riverside Drive, Apartment 13G		Transaction ID: C423741
City New York	State NY	Zip Code 10027-3228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Columbia University	Occupation Professor Emeritus	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 57 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Jerry Weisman

Mailing Address 1495 East 24th Street

City Brooklyn State NY Zip Code 11210

FEC ID number of contributing federal political committee. C

Name of Employer Omnl Managed Health Occupation Health Care Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 13 / 2003

Transaction ID: C423422

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

B. Full Name (Last, First, Middle Initial)
Deirdre G. Wallky

Mailing Address 50-47 185th Street

City Fresh Meadows State NY Zip Code 11365

FEC ID number of contributing federal political committee. C

Name of Employer Consolidated Edison, Inc. Occupation Engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 16 / 2003

Transaction ID: C423419

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

C. Full Name (Last, First, Middle Initial)
James Wolfenach

Mailing Address 98 Kalorama Circle, N.W.

City Washington State DC Zip Code 20006-1816

FEC ID number of contributing federal political committee. C

Name of Employer World Bank Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2003

Transaction ID: C423828

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this fine number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 58 / 179	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. <u>Stephan F. Wood</u>		Date of Receipt 05 / 18 / 2003	
Mailing Address <u>10 Ferris Lane</u>		Transaction ID: <u>C423423</u>	
City <u>Bedford</u>	State <u>NY</u>	Zip Code <u>10606</u>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <u>C</u>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))	
Name of Employer <u>Consolidated Edison, Inc.</u>	Occupation <u>Vice President</u>	Aggregate Year-to-Date 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. <u>Kathryn Sue Wyde</u>		Date of Receipt 05 / 18 / 2003	
Mailing Address <u>5925 Shore Road Apartment 1B</u>		Transaction ID: <u>C423424</u>	
City <u>Brooklyn</u>	State <u>NY</u>	Zip Code <u>11209</u>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <u>C</u>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))	
Name of Employer <u>Partnership for New York City</u>	Occupation <u>Economic Development</u>	Aggregate Year-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. <u>Jeanne Yozell</u>		Date of Receipt 06 / 23 / 2003	
Mailing Address <u>5B Ridgeway Road</u>		Transaction ID: <u>C423698</u>	
City <u>Weston</u>	State <u>MA</u>	Zip Code <u>02483-2250</u>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <u>C</u>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))	
Name of Employer <u>Self</u>	Occupation <u>Clinical Social Worker</u>	Aggregate Year-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 59 / 179
(check only one)

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

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NAME OF COMMITTEE (in Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Favour Royal, LLC

Mailing Address 15 East 26th Street

City State Zip Code
New York NY 10010

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2003

Transaction ID: C423339

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

PARTNERSHIP--partners below if itemized

B. Full Name (Last, First, Middle Initial)
Patrick Donaghy

Mailing Address Favour Royal LLC
15 East 28th Street

City State Zip Code
New York NY 10010

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

Name of Employer Occupation
Favour Royal LLC Member

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2003

Transaction ID: C424090

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

(MEMO ITEM)

C. Full Name (Last, First, Middle Initial)
Wilson, Eber, Moskowitz, et al.

Mailing Address 1 Steuben Place

City State Zip Code
Albany NY 12207

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2003

Transaction ID: C423428

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 60 / 178

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A Kenneth Shapiro

Mailing Address Wilson, Elser, Moskowitz, Edelman
1 Steuben Place

City Albany State NY Zip Code 12207

FEC ID number of contributing federal political committee.

C

Name of Employer
Wilson, Elser, Moskowitz,
Edelman

Occupation
Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2009

Transaction ID: C424091

Amount of Each Receipt This Period

1000.00

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(1a-1))
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

164550.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 61 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Amer Maritime Officers Vol Pol Action

Mailing Address **650 Fourth Avenue**

City **Brooklyn** State **NY** Zip Code **11232**

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
04 / 21 / 2003

Transaction ID: **C423268**

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists

Mailing Address **520 North Northwest Highway**

City **Park Ridge** State **IL** Zip Code **60068-2573**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 20 / 2003

Transaction ID: **C423428**

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
American Society of Anesthesiologists

Mailing Address **520 North Northwest Highway**

City **Park Ridge** State **IL** Zip Code **60068-2573**

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
06 / 02 / 2003

Transaction ID: **C423431**

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ **7500.00**

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 82 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Con Edison Employees Political Action

Mailing Address 4 Irving Place

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing federal political committee.

C C00055818

Name of Employer

Occupation

Receipt For: 2006

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

4107.77

Date of Receipt

MM / DD / YYYY
05 / 18 / 2003

Transaction ID: C423430

Amount of Each Receipt this Period

4107.77

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

* In-Kind: Event Expense

Full Name (Last, First, Middle Initial)

B. FMC Good Government Program PAC

Mailing Address 1667 K Street, N.W.
Suite 480

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C C00033704

Name of Employer

Occupation

Receipt For: 2006

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
05 / 12 / 2003

Transaction ID: C423340

Amount of Each Receipt this Period

2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. Ironworkers Political Action League

Mailing Address 1750 New York Avenue, N.W.

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C C00027359

Name of Employer

Occupation

Receipt For: 2006

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2003

Transaction ID: C424097

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

7607.77

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 63 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Johnson & Johnson PAC

Mailing Address 1 Johnson & Johnson Plaza

City State Zip Code
New Brunswick NJ 08933-7204

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
05 / 18 / 2003

Transaction ID: C423429

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
Service Employees International Union

Mailing Address 1313 L Street, N.W.

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 13 / 2003

Transaction ID: C423425

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
State Street Associates PAC

Mailing Address 121 State Street

City State Zip Code
Albany NY 12207

FEC ID number of contributing federal political committee. **C** C00360529

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 16 / 2003

Transaction ID: C423427

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 64 / 179
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Uniformed Firefighters Association PAC
Mailing Address 204 East 23rd Street
City State Zip Code
New York NY 10010
FEC ID number of contributing federal political committee. **C** C00254193
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
3500.00

Date of Receipt
05 | 08 | 2003
Transaction ID: C423286
Amount of Each Receipt this Period
2500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
Uniformed Firefighters Association PAC
Mailing Address 204 East 23rd Street
City State Zip Code
New York NY 10010
FEC ID number of contributing federal political committee. **C** C00254193
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
3500.00

Date of Receipt
05 | 09 | 2003
Transaction ID: C423338
Amount of Each Receipt this Period
1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00
TOTAL This Period (last page this line number only) ▶ 24107.77

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 85 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address Farragut Station 233
1800 M Street, NW

City State Zip Code
Washington DC 20033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15891.95

Date of Receipt

06 / 18 / 2003

Transaction ID: C423445

Amount of Each Receipt this Period

15891.95

Limit Increased Due to Opponent's
Spending [2 U.S.C. 441a(i)(4)(A-1)]

Postage Refund

SUBTOTAL of Receipts This Page (optional) ▶

15891.95

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

15891.95

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 65 / 179

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Carol Enters List Company, Inc.
Mailing Address 8663C Main Street

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2762.97

Date of Receipt

MM / DD / YYYY
04 / 07 / 2003

Transaction ID: C419244

Amount of Each Receipt this Period

1360.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

List Rental

B. Full Name (Last, First, Middle Initial)
Carol Enters List Company, Inc.
Mailing Address 8883C Main Street

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2762.97

Date of Receipt

MM / DD / YYYY
06 / 23 / 2003

Transaction ID: C423453

Amount of Each Receipt this Period

772.97

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

List Rental

C. Full Name (Last, First, Middle Initial)
MKTG Services-Philly, Incorporated
Mailing Address 140 Terry Drive Suite 103

City State Zip Code
Newtown PA 18940-1896

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89202.55

Date of Receipt

MM / DD / YYYY
04 / 10 / 2003

Transaction ID: C423202

Amount of Each Receipt this Period

315.69

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

List Rental

SUBTOTAL of Receipts This Page (optional) ▶

2448.66

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 87 / 179

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial)
MKTG Services-Philly, Incorporated

Mailing Address 140 Terry Drive
Suite 103

City State Zip Code
Newtown PA 18940-1898

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89202.55

Date of Receipt

MM / DD / YYYY
04 / 18 / 2008

Transaction ID: C423289

Amount of Each Receipt this Period

157.79

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

List Rental

B. Full Name (Last, First, Middle Initial)
MKTG Services-Philly, Incorporated

Mailing Address 140 Terry Drive
Suite 103

City State Zip Code
Newtown PA 18940-1898

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89202.55

Date of Receipt

MM / DD / YYYY
04 / 28 / 2008

Transaction ID: C423276

Amount of Each Receipt this Period

486.24

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

List Rental

C. Full Name (Last, First, Middle Initial)
MKTG Services-Philly, Incorporated

Mailing Address 140 Terry Drive
Suite 103

City State Zip Code
Newtown PA 18940-1898

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
89202.55

Date of Receipt

MM / DD / YYYY
05 / 12 / 2008

Transaction ID: C423355

Amount of Each Receipt this Period

50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

List Rental

SUBTOTAL of Receipts This Page (optional) ▶

694.03

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

3142.69

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
509 2nd Street NE Partnership

Mailing Address 511 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Office Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7322
Date of Disbursement 04 / 09 / 2003

Amount of Each Disbursement this Period 2227.68

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

Category/Type 001

B. Full Name (Last, First, Middle Initial)
509 2nd Street NE Partnership

Mailing Address 511 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Office Rent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7377
Date of Disbursement 04 / 24 / 2003

Amount of Each Disbursement this Period 2227.68

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

Category/Type 001

C. Full Name (Last, First, Middle Initial)
509 2nd Street NE Partnership

Mailing Address 511 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Trash Removal

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7412
Date of Disbursement 05 / 06 / 2003

Amount of Each Disbursement this Period 75.00

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional)	4530.36
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 179

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)
A. 509 2nd Street NE Partnership

Mailing Address 511 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Office Rent
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7481
Date of Disbursement
05 / 23 / 2003

Amount of Each Disbursement this Period
2227.68

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

Full Name (Last, First, Middle Initial)
B. Aetna US Healthcare

Mailing Address Post Office Box 7777 - W5030 - 58

City Philadelphia State PA Zip Code 19175-5030

Purpose of Disbursement Health Insurance
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7319
Date of Disbursement
04 / 09 / 2003

Amount of Each Disbursement this Period
1385.80

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

Full Name (Last, First, Middle Initial)
C. Aetna US Healthcare

Mailing Address Post Office Box 7777 - W5030 - 58

City Philadelphia State PA Zip Code 19175-5030

Purpose of Disbursement Health Insurance
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7457
Date of Disbursement
05 / 16 / 2003

Amount of Each Disbursement this Period
1011.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 4604.48

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

**SCHEDULE B (FEC Form F3)
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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Aetna US Healthcare		Transaction ID: D7571 Date of Disbursement 06 / 19 / 2003
Mailing Address Post Office Box 7777 - W5030 - 58		Amount of Each Disbursement this Period 1003.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia	State PA Zip Code 19175-5030	
Purpose of Disbursement Health Insurance		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. All Alarm		Transaction ID: D7282 Date of Disbursement 04 / 09 / 2003
Mailing Address 14101 Willard Rad Suite C		Amount of Each Disbursement this Period 11.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly	State VA Zip Code 20151	
Purpose of Disbursement Office Alarm Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. All Alarm		Transaction ID: D7361 Date of Disbursement 04 / 24 / 2003
Mailing Address 14101 Willard Rad Suite C		Amount of Each Disbursement this Period 11.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly	State VA Zip Code 20151	
Purpose of Disbursement Office Alarm Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1026.50
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 71 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. All Alarm		Transaction ID: D7558 Date of Disbursement 06 / 19 / 2003
Mailing Address 14101 Willard Rad Suite C		Amount of Each Disbursement this Period 23.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly	State VA Zip Code 20151	
Purpose of Disbursement Office Alarm Service		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D7381 Date of Disbursement 04 / 29 / 2003
Mailing Address 777 American Expressway		Amount of Each Disbursement this Period 214.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft. Lauderdale	State FL Zip Code 33337	
Purpose of Disbursement Credit Card Process Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D7505 Date of Disbursement 05 / 31 / 2003
Mailing Address 777 American Expressway		Amount of Each Disbursement this Period 388.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ft. Lauderdale	State FL Zip Code 33337	
Purpose of Disbursement Credit Card Process Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	626.35
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D7504 Date of Disbursement 05 / 31 / 2003	
Mailing Address 777 American Expressway		Amount of Each Disbursement this Period 1.62	
City Ft. Lauderdale	State FL	Zip Code 33337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Process Fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D7507 Date of Disbursement 06 / 03 / 2003	
Mailing Address 777 American Expressway		Amount of Each Disbursement this Period 4.50	
City Ft. Lauderdale	State FL	Zip Code 33337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Process Fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D7578 Date of Disbursement 06 / 30 / 2003	
Mailing Address 777 American Expressway		Amount of Each Disbursement this Period 29.00	
City Ft. Lauderdale	State FL	Zip Code 33337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Credit Card Process Fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	35.12
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 179

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. American Express

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: D7576
Date of Disbursement
06 / 30 / 2003

Mailing Address 777 American Expressway

City Ft. Lauderdale State FL Zip Code 33337

Purpose of Disbursement
Credit Card Process Fee

Candidate Name

Amount of Each Disbursement this Period
81

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

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

Category/Type: 001

B. American Express

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: D7589
Date of Disbursement
06 / 30 / 2003

Mailing Address 777 American Expressway

City Ft. Lauderdale State FL Zip Code 33337

Purpose of Disbursement
Credit Card Process Fee

Candidate Name

Amount of Each Disbursement this Period
388.60

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

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

Category/Type: 001

C. Amy Wille

Full Name (Last, First, Middle Initial)
Amy Wille

Transaction ID: D7339
Date of Disbursement
04 / 15 / 2003

Mailing Address 3309 Wyndham Circle
Apartment 1178

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Wages

Candidate Name

Amount of Each Disbursement this Period
787.58

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

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

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶ 1176.99

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

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Amy Wills		Transaction ID: D7358 Date of Disbursement 04 / 24 / 2003
Mailing Address 3309 Wyndham Circle Apartment 1178		Amount of Each Disbursement this Period 6.27
City Alexandria	State VA Zip Code 22302	
Purpose of Disbursement Office Supplies		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Amy Wills		Transaction ID: D7395 Date of Disbursement 04 / 30 / 2003
Mailing Address 3309 Wyndham Circle Apartment 1178		Amount of Each Disbursement this Period 787.58
City Alexandria	State VA Zip Code 22302	
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Amy Wills		Transaction ID: D7408 Date of Disbursement 05 / 06 / 2003
Mailing Address 3309 Wyndham Circle Apartment 1178		Amount of Each Disbursement this Period 18.64
City Alexandria	State VA Zip Code 22302	
Purpose of Disbursement Office Supplies		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	812.49
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Amy Wills		Transaction ID: D7437 Date of Disbursement 05 / 15 / 2003
Mailing Address 3309 Wyndham Circle Apartment 1178		Amount of Each Disbursement this Period 787.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Wages	<input checked="" type="checkbox"/> 001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amy Wills		Transaction ID: D7496 Date of Disbursement 05 / 30 / 2003
Mailing Address 3309 Wyndham Circle Apartment 1178		Amount of Each Disbursement this Period 787.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Wages	<input checked="" type="checkbox"/> 001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Amy Wills		Transaction ID: D7545 Date of Disbursement 06 / 13 / 2003
Mailing Address 3309 Wyndham Circle Apartment 1178		Amount of Each Disbursement this Period 789.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22302		
Purpose of Disbursement Wages	<input checked="" type="checkbox"/> 001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2385.13
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Amy Wills

Full Name (Last, First, Middle Initial)
Amy Wills

Mailing Address 3309 Wyndham Circle
Apartment 1178

City Alexandria State VA Zip Code 22302

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7595
Date of Disbursement 06 / 30 / 2003

Amount of Each Disbursement this Period 799.97

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

Category/Type DD1

B. AT&T Wireless

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 8220

City Aurora State IL Zip Code 60572-8220

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7293
Date of Disbursement 04 / 09 / 2003

Amount of Each Disbursement this Period 69.08

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

Category/Type DD1

C. AT&T Wireless

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 8220

City Aurora State IL Zip Code 60572-8220

Purpose of Disbursement Telephone Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7366
Date of Disbursement 04 / 24 / 2003

Amount of Each Disbursement this Period 31.86

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

Category/Type DD1

SUBTOTAL of Disbursements This Page (optional) ▶ 890.91

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Ernestine Blango		Transaction ID: D7330	
Mailing Address 125 Michigan Avenue Number 131		Date of Disbursement 04 / 15 / 2003	
City Washington	State DC	Zip Code 20017	Amount of Each Disbursement this Period 87.04
Purpose of Disbursement Wages		<input checked="" type="checkbox"/> 001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Ernestine Blango		Transaction ID: D7385	
Mailing Address 125 Michigan Avenue Number 131		Date of Disbursement 04 / 30 / 2003	
City Washington	State DC	Zip Code 20017	Amount of Each Disbursement this Period 87.04
Purpose of Disbursement Wages		<input checked="" type="checkbox"/> 001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ernestine Blango		Transaction ID: D7425	
Mailing Address 125 Michigan Avenue Number 131		Date of Disbursement 05 / 15 / 2003	
City Washington	State DC	Zip Code 20017	Amount of Each Disbursement this Period 76.18
Purpose of Disbursement Wages		<input checked="" type="checkbox"/> 001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	250.26
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Ernestine Blango		Transaction ID: D7486 Date of Disbursement 05 / 30 / 2003	
Mailing Address 125 Michigan Avenue Number 131		Amount of Each Disbursement this Period 105.63	
City Washington State DC Zip Code 20017	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001	

Full Name (Last, First, Middle Initial) B. Ernestine Blango		Transaction ID: D7538 Date of Disbursement 06 / 13 / 2003	
Mailing Address 125 Michigan Avenue Number 131		Amount of Each Disbursement this Period 129.14	
City Washington State DC Zip Code 20017	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001	

Full Name (Last, First, Middle Initial) C. Ernestine Blango		Transaction ID: D7583 Date of Disbursement 06 / 30 / 2003	
Mailing Address 125 Michigan Avenue Number 131		Amount of Each Disbursement this Period 128.14	
City Washington State DC Zip Code 20017	Purpose of Disbursement Wages Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 001	

SUBTOTAL of Disbursements This Page (optional) ▶	361.91
TOTAL This Period (last page this line number only) ▶	(blank)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)
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Detailed Summary Page

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

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 NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)

A. CDW Computer Warehouse

Mailing Address 200 North Milwaukee Avenue

 City State Zip Code
Vernon Hills IL 60061

Purpose of Disbursement

Office Equipment

Candidate Name

001

Category/
Type
 Office Sought: House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7478

Date of Disbursement

 M M / D D / Y Y Y Y
05 / 23 / 2003

Amount of Each Disbursement this Period

461.09

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

Full Name (Last, First, Middle Initial)

B. Cloud 9 Internet

Mailing Address 106 Corporate Park Drive

 City State Zip Code
White Plains NY 10604

Purpose of Disbursement

Internet Service

Candidate Name

001

Category/
Type
 Office Sought: House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7452

Date of Disbursement

 M M / D D / Y Y Y Y
05 / 16 / 2003

Amount of Each Disbursement this Period

165.00

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

Full Name (Last, First, Middle Initial)

C. Comcast

Mailing Address 900 Michigan Avenue, NE

 City State Zip Code
Washington DC 20017-1833

Purpose of Disbursement

Television Service

Candidate Name

001

Category/
Type
 Office Sought: House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7285

Date of Disbursement

 M M / D D / Y Y Y Y
04 / 09 / 2003

Amount of Each Disbursement this Period

73.05

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

SUBTOTAL of Disbursements This Page (optional) ▶

699.14

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Comcast		Transaction ID: D7472 Date of Disbursement 05 / 23 / 2003
Mailing Address 900 Michigan Avenue, NE		Amount of Each Disbursement this Period 73.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20017-1833	Purpose of Disbursement Television Service	001 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Comcast		Transaction ID: D7563 Date of Disbursement 06 / 19 / 2003
Mailing Address 900 Michigan Avenue, NE		Amount of Each Disbursement this Period 73.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20017-1833	Purpose of Disbursement Television Service	001 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Con Edison Employees Political Action		Transaction ID: D7246 Date of Disbursement 05 / 16 / 2003
Mailing Address 4 Irving Place		Amount of Each Disbursement this Period 4107.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York	State NY	
Zip Code 10003	Purpose of Disbursement Event Expense	002 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	* in-kind received

SUBTOTAL of Disbursements This Page (optional)	4253.87
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

 Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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20b
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20c
 19b
21

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Connect Us

 Mailing Address 1800 Robert Fulton Drive
Suite 110

City REston State VA Zip Code 20191

Purpose of Disbursement

Telephone Service

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7528

Date of Disbursement

06 / 10 / 2003

Amount of Each Disbursement this Period

823.85

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

Full Name (Last, First, Middle Initial)

B. Covington Industries

Mailing Address 15 East 28th Street

City New York State NY Zip Code 10010

Purpose of Disbursement

Office Rent

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7357

Date of Disbursement

04 / 17 / 2003

Amount of Each Disbursement this Period

2103.08

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

Full Name (Last, First, Middle Initial)

C. Covington Industries

Mailing Address 15 East 28th Street

City New York State NY Zip Code 10010

Purpose of Disbursement

Office Rent

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7453

Date of Disbursement

05 / 18 / 2003

Amount of Each Disbursement this Period

2103.08

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

SUBTOTAL of Disbursements This Page (optional) ▶

5029.81

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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(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 Hillary

Full Name (Last, First, Middle Initial) A. Covington Industries		Transaction ID: D7532
Mailing Address 15 East 28th Street		Date of Disbursement 06 / 10 / 2003
City New York	State NY	Zip Code 10010
Purpose of Disbursement Office Rent	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Amount of Each Disbursement this Period 2103.08
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Crossroad Strategies, LLC		Transaction ID: D7324
Mailing Address 4301 Massachusetts Avenue, NW Suite 3008		Date of Disbursement 04 / 09 / 2003
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Consulting/Website	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Amount of Each Disbursement this Period 5000.00
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Crossroad Strategies, LLC		Transaction ID: D7531
Mailing Address 4301 Massachusetts Avenue, NW Suite 3008		Date of Disbursement 06 / 10 / 2003
City Washington	State DC	Zip Code 20016
Purpose of Disbursement Consulting/Website	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State:	District:	Amount of Each Disbursement this Period 1099.10
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	8202.18
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 83 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Deirdre Frawley		Transaction ID: D7287	
Mailing Address 402 East 65th Street Number 4F		Date of Disbursement	
City New York State NY Zip Code 10021		MM / DD / YYYY 04 / 09 / 2003	
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 38.00	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 002	
State: District:			

Full Name (Last, First, Middle Initial) B. Deirdre Frawley		Transaction ID: D7305	
Mailing Address 402 East 65th Street Number 4F		Date of Disbursement	
City New York State NY Zip Code 10021		MM / DD / YYYY 04 / 09 / 2003	
Purpose of Disbursement Event Expense		Amount of Each Disbursement this Period 148.84	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 003	
State: District:			

Full Name (Last, First, Middle Initial) C. Deirdre Frawley		Transaction ID: D7283	
Mailing Address 402 East 65th Street Number 4F		Date of Disbursement	
City New York State NY Zip Code 10021		MM / DD / YYYY 04 / 09 / 2003	
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 13.08	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 002	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	199.92
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Dairdre Frawley		Transaction ID: D7340 Date of Disbursement 04 / 15 / 2003
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 1028.82
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Dairdre Frawley		Transaction ID: D7362 Date of Disbursement 04 / 24 / 2003
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 20.50
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Dairdre Frawley		Transaction ID: D7386 Date of Disbursement 04 / 30 / 2003
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 1028.82
City New York	State NY	
Zip Code 10021	Purpose of Disbursement Wages	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2078.14
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Deirdre Frawley		Transaction ID: D7418 Date of Disbursement 05 / 05 / 2003	
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 242.48	
City New York	State NY	Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Event Expense		003 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Deirdre Frawley		Transaction ID: D7439 Date of Disbursement 05 / 15 / 2003	
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 1028.82	
City New York	State NY	Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Deirdre Frawley		Transaction ID: D7446 Date of Disbursement 05 / 16 / 2003	
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 27.11	
City New York	State NY	Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Meeting Expense		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1298.41
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Deirdre Frawley		Transaction ID: D7473 Date of Disbursement 05 / 23 / 2003
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 78.00
City New York State NY Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Deirdre Frawley		Transaction ID: D7487 Date of Disbursement 05 / 30 / 2003
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 1028.82
City New York State NY Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Deirdre Frawley		Transaction ID: D7546 Date of Disbursement 06 / 13 / 2003
Mailing Address 402 East 65th Street Number 4F		Amount of Each Disbursement this Period 1038.22
City New York State NY Zip Code 10021	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Wages		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2145.04
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Dairdra Frawley

Full Name (Last, First, Middle Initial)
Dairdra Frawley

Mailing Address 402 East 65th Street
Number 4F

City New York State NY Zip Code 10021

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7598
Date of Disbursement 06 / 30 / 2003

Amount of Each Disbursement this Period 1038.22

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

001
Category/Type

B. Delancey Printing

Full Name (Last, First, Middle Initial)
Delancey Printing

Mailing Address Post Office Box 388

City Alexandria State VA Zip Code 22313-0388

Purpose of Disbursement Event Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7320
Date of Disbursement 04 / 09 / 2003

Amount of Each Disbursement this Period 1475.21

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

003
Category/Type

C. Delancey Printing

Full Name (Last, First, Middle Initial)
Delancey Printing

Mailing Address Post Office Box 388

City Alexandria State VA Zip Code 22313-0388

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7485
Date of Disbursement 05 / 18 / 2003

Amount of Each Disbursement this Period 2955.71

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

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5469.14

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Delaney Printing

Full Name (Last, First, Middle Initial)
Delaney Printing

Transaction ID: D7521
Date of Disbursement
08 / 10 / 2003

Mailing Address Post Office Box 388

City Alexandria State VA Zip Code 22313-0388

Purpose of Disbursement Printing
Candidate Name

Amount of Each Disbursement this Period
970.13

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

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

State: District:

Category/Type: 001

B. Democratic Conference Luncheon Fund

Full Name (Last, First, Middle Initial)
Democratic Conference Luncheon Fund

Transaction ID: D7378
Date of Disbursement
04 / 24 / 2003

Mailing Address S-309 the Capitol

City Washington State DC Zip Code 20510

Purpose of Disbursement Meeting Expense
Candidate Name

Amount of Each Disbursement this Period
600.28

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

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

State: District:

Category/Type: 001

C. OH Lloyd & Associates Inc

Full Name (Last, First, Middle Initial)
OH Lloyd & Associates Inc

Transaction ID: D7535
Date of Disbursement
06 / 10 / 2003

Mailing Address 1825 K Street NW
Suite 400

City Washington State DC Zip Code 20008

Purpose of Disbursement Committee Insurance
Candidate Name

Amount of Each Disbursement this Period
11970.00

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

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

State: District:

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶ 12940.41

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 88 / 178
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. DH Lloyd & Associates Inc		Transaction ID: D7530	
Mailing Address 1625 K Street NW Suite 400		Date of Disbursement 06 / 10 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 883.00
Purpose of Disbursement Committee Insurance		001 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Diana Falvo		Transaction ID: D7335	
Mailing Address 1814 Burnet Avenue		Date of Disbursement 04 / 15 / 2003	
City Union	State NJ	Zip Code 07083-4214	Amount of Each Disbursement this Period 603.48
Purpose of Disbursement Wages		001 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Diana Falvo		Transaction ID: D7391	
Mailing Address 1814 Burnet Avenue		Date of Disbursement 04 / 30 / 2003	
City Union	State NJ	Zip Code 07083-4214	Amount of Each Disbursement this Period 603.48
Purpose of Disbursement Wages		001 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	2889.96
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)
A. Diana Falvo

Transaction ID: D7433
Date of Disbursement

Mailing Address 1814 Burnet Avenue

05 15 2003

City Union State NJ Zip Code 07083-4214

Amount of Each Disbursement this Period
603.48

Purpose of Disbursement
Wages
Candidate Name

001
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. Diana Falvo

Transaction ID: D7492
Date of Disbursement

Mailing Address 1814 Burnet Avenue

05 30 2003

City Union State NJ Zip Code 07083-4214

Amount of Each Disbursement this Period
603.48

Purpose of Disbursement
Wages
Candidate Name

001
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. Diana Falvo

Transaction ID: D7541
Date of Disbursement

Mailing Address 1814 Burnet Avenue

06 13 2003

City Union State NJ Zip Code 07083-4214

Amount of Each Disbursement this Period
605.88

Purpose of Disbursement
Wages
Candidate Name

001
Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1812.84

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Diana Falvo		Transaction ID: D7592 Date of Disbursement 06 / 30 / 2003	
Mailing Address 1814 Burnet Avenue		Amount of Each Disbursement this Period 644.53	
City Union	State NJ	Zip Code 07083-4214	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Earthlink		Transaction ID: D7304 Date of Disbursement 04 / 09 / 2003	
Mailing Address Post Office Box 530530		Amount of Each Disbursement this Period 146.50	
City Atlanta	State GA	Zip Code 30353-0530	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Internet Service		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Earthlink		Transaction ID: D7417 Date of Disbursement 05 / 06 / 2003	
Mailing Address Post Office Box 530530		Amount of Each Disbursement this Period 146.50	
City Atlanta	State GA	Zip Code 30353-0530	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Consulting/Computers		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	937.53
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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20c
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21

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Earthlink

Mailing Address Post Office Box 530530

City Atlanta State GA Zip Code 30353-0530

Purpose of Disbursement

Internet Service

Candidate Name

001

Category/
Type
 Office Sought: House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7581

Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

69.50

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

Full Name (Last, First, Middle Initial)

B. Fitzpatrick Manhattan Hotel

Mailing Address 687 Lexington Avenue

City New York State NY Zip Code 10022

Purpose of Disbursement

Event Expense

Candidate Name

003

Category/
Type
 Office Sought: House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7459

Date of Disbursement

05 / 18 / 2003

Amount of Each Disbursement this Period

1170.00

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

Full Name (Last, First, Middle Initial)

C. Fiona Maria Frawley

Mailing Address 3426 9th Street, N.E.

City Washington State DC Zip Code 20017

Purpose of Disbursement

Wages

Candidate Name

001

Category/
Type
 Office Sought: House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7334

Date of Disbursement

04 / 15 / 2003

Amount of Each Disbursement this Period

133.35

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

SUBTOTAL of Disbursements This Page (optional) ▶

1372.85

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Fiona Maria Frawley

Mailing Address 3426 9th Street, N.E.

City Washington State DC Zip Code 20017

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7384
Date of Disbursement 04 / 30 / 2003

Amount of Each Disbursement this Period 39.02

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

001
Category/ Type

B. Full Name (Last, First, Middle Initial)
Fiona Maria Frawley

Mailing Address 3426 9th Street, N.E.

City Washington State DC Zip Code 20017

Purpose of Disbursement Wages

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7424
Date of Disbursement 05 / 15 / 2003

Amount of Each Disbursement this Period 42.02

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

DD1
Category/ Type

C. Full Name (Last, First, Middle Initial)
Garcia & Castiello

Mailing Address 4321 SW 15th Street

City Miami State FL Zip Code 33134

Purpose of Disbursement Consulting/Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D7413
Date of Disbursement 05 / 06 / 2003

Amount of Each Disbursement this Period 95.16

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

001
Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶ 176.20

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Garca & Castiello

Mailing Address 4321 SW 15th Street

City Miami State FL Zip Code 33134

Purpose of Disbursement Consulting/Website
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D7462
Date of Disbursement 05 / 16 / 2003

Amount of Each Disbursement this Period 1947.68

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

Category/Type 001

B. Full Name (Last, First, Middle Initial)
Garca & Castiello

Mailing Address 4321 SW 15th Street

City Miami State FL Zip Code 33134

Purpose of Disbursement Consulting/Website
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D7479
Date of Disbursement 05 / 23 / 2003

Amount of Each Disbursement this Period 948.72

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

Category/Type 001

C. Full Name (Last, First, Middle Initial)
HCI Technologies

Mailing Address Post Office Box 985

City Falls Church State VA Zip Code 22040-0985

Purpose of Disbursement Office Equipment
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D7474
Date of Disbursement 05 / 23 / 2003

Amount of Each Disbursement this Period 100.00

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) 2996.40

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Jorge Hernandez		Transaction ID: D7328 Date of Disbursement 04 / 15 / 2003	
Mailing Address 2121 M Street, N.W. Number 805		Amount of Each Disbursement this Period 77.97	
City Washington	State DC	Zip Code 20052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Jorge Hernandez		Transaction ID: D7387 Date of Disbursement 04 / 30 / 2003	
Mailing Address 2121 M Street, N.W. Number 805		Amount of Each Disbursement this Period 98.27	
City Washington	State DC	Zip Code 20052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Jorge Hernandez		Transaction ID: D7427 Date of Disbursement 05 / 15 / 2003	
Mailing Address 2121 M Street, N.W. Number 805		Amount of Each Disbursement this Period 65.09	
City Washington	State DC	Zip Code 20052	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	262.32
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Hinton Hill		Transaction ID: D7464 Date of Disbursement MM / DD / YYYY 05 / 18 / 2003
Mailing Address 5111 Pegasus Court Suite G		Amount of Each Disbursement this Period 2122.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frederick	State MD Zip Code 21704	
Purpose of Disbursement Mailing Expense		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Kuma Abedin		Transaction ID: D7315 Date of Disbursement MM / DD / YYYY 04 / 09 / 2003
Mailing Address 922 24th Street NW #504		Amount of Each Disbursement this Period 462.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Travel		Category/ Type 002
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Kuma Abedin		Transaction ID: D7490 Date of Disbursement MM / DD / YYYY 05 / 30 / 2003
Mailing Address 922 24th Street NW #504		Amount of Each Disbursement this Period 430.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Wages		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3014.75
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Huma Abedin

Transaction ID: D7540
Date of Disbursement
06 / 13 / 2003

Mailing Address 922 24th Street NW #504

City Washington State DC Zip Code 20037

Purpose of Disbursement Wages
Candidate Name

001
Category/Type

Amount of Each Disbursement this Period
432.67

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

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

B. Full Name (Last, First, Middle Initial)
Huma Abedin

Transaction ID: D7590
Date of Disbursement
06 / 30 / 2003

Mailing Address 922 24th Street NW #504

City Washington State DC Zip Code 20037

Purpose of Disbursement Wages
Candidate Name

001
Category/Type

Amount of Each Disbursement this Period
432.67

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

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

C. Full Name (Last, First, Middle Initial)
Image Works

Transaction ID: D7314
Date of Disbursement
04 / 09 / 2003

Mailing Address 6400-P Seven Corners Place

City Falls Church State VA Zip Code 20844

Purpose of Disbursement Direct Mail
Candidate Name

003
Category/Type

Amount of Each Disbursement this Period
450.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1315.34

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. IOS Capital

Full Name (Last, First, Middle Initial)
IOS Capital

Transaction ID: D7296
Date of Disbursement
04 / 09 / 2003

Mailing Address PO Box 41564

City Philadelphia State PA Zip Code 19101-1564

Purpose of Disbursement Office Equipment 001 Category/Type

Candidate Name

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

State: District:

Amount of Each Disbursement this Period
94.60

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

B. IOS Capital

Full Name (Last, First, Middle Initial)
IOS Capital

Transaction ID: D7475
Date of Disbursement
05 / 23 / 2003

Mailing Address PO Box 41564

City Philadelphia State PA Zip Code 19101-1564

Purpose of Disbursement Office Equipment 001 Category/Type

Candidate Name

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

State: District:

Amount of Each Disbursement this Period
127.18

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

C. IOS Capital

Full Name (Last, First, Middle Initial)
IOS Capital

Transaction ID: D7564
Date of Disbursement
06 / 19 / 2003

Mailing Address PO Box 41564

City Philadelphia State PA Zip Code 19101-1564

Purpose of Disbursement Office Equipment 001 Category/Type

Candidate Name

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

State: District:

Amount of Each Disbursement this Period
130.19

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

SUBTOTAL of Disbursements This Page (optional) ▶ 351.98

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Jennifer Hanley

Transaction ID: D7336
Date of Disbursement
04 / 15 / 2003

Mailing Address 201 East 12th Street
Apartment G2

City New York State NY Zip Code 10003

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
633.48

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

Category/ Type: 001

B. Full Name (Last, First, Middle Initial)
Jennifer Hanley

Transaction ID: D7392
Date of Disbursement
04 / 30 / 2003

Mailing Address 201 East 12th Street
Apartment G2

City New York State NY Zip Code 10003

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
633.48

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

Category/ Type: 001

C. Full Name (Last, First, Middle Initial)
Jennifer Hanley

Transaction ID: D7434
Date of Disbursement
05 / 15 / 2003

Mailing Address 201 East 12th Street
Apartment G2

City New York State NY Zip Code 10003

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
633.48

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

Category/ Type: 001

SUBTOTAL of Disbursements This Page (optional)	1900.44
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 100 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Jennifer Hanley		Transaction ID: D7493	
Mailing Address 201 East 12th Street Apartment G2		Date of Disbursement 06 / 30 / 2003	
City New York	State NY	Zip Code 10003	Amount of Each Disbursement this Period 633.48
Purpose of Disbursement Wages		<input type="checkbox"/> 001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jennifer Hanley		Transaction ID: D7542	
Mailing Address 201 East 12th Street Apartment G2		Date of Disbursement 06 / 13 / 2003	
City New York	State NY	Zip Code 10003	Amount of Each Disbursement this Period 635.88
Purpose of Disbursement Wages		<input type="checkbox"/> 001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Jennifer Hanley		Transaction ID: D7591	
Mailing Address 201 East 12th Street Apartment G2		Date of Disbursement 06 / 30 / 2003	
City New York	State NY	Zip Code 10003	Amount of Each Disbursement this Period 635.88
Purpose of Disbursement Wages		<input type="checkbox"/> 001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1905.24
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Katrina Hajagos

Full Name (Last, First, Middle Initial)
Mailing Address 25 Lona Oak Drive

City Centerport State NY Zip Code 11721

Purpose of Disbursement
Event Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7499
Date of Disbursement 05 / 30 / 2003

Amount of Each Disbursement this Period
1997.00

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

Category/Type 003

B. James Kennedy

Full Name (Last, First, Middle Initial)
Mailing Address 1160 Fifth Avenue Number 404

City New York State NY Zip Code 10029

Purpose of Disbursement
Consulting/Communications

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7397
Date of Disbursement 04 / 30 / 2003

Amount of Each Disbursement this Period
1250.00

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

Category/Type 001

C. James Kennedy

Full Name (Last, First, Middle Initial)
Mailing Address 1160 Fifth Avenue Number 404

City New York State NY Zip Code 10029

Purpose of Disbursement
Consulting/Communications

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7498
Date of Disbursement 05 / 30 / 2003

Amount of Each Disbursement this Period
1250.00

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) 3897.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 102 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. James Kennedy		Transaction ID: D7598	
Mailing Address 1160 Fifth Avenue Number 404		Date of Disbursement 06 / 30 / 2003	
City New York	State NY	Zip Code 10028	Amount of Each Disbursement this Period 1250.00
Purpose of Disbursement Consulting/Communications		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Murad Khan		Transaction ID: D7328	
Mailing Address 5 Pischke Road		Date of Disbursement 04 / 15 / 2003	
City Campbell Hall	State NY	Zip Code 10916-2304	Amount of Each Disbursement this Period 85.55
Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Murad Khan		Transaction ID: D7385	
Mailing Address 5 Pischke Road		Date of Disbursement 04 / 30 / 2003	
City Campbell Hall	State NY	Zip Code 10916-2304	Amount of Each Disbursement this Period 85.55
Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1421.10
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21
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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Murad Khan		Transaction ID: D7426 Date of Disbursement MM / DD / YYYY 05 / 15 / 2003	
Mailing Address 5 Pischke Road		Amount of Each Disbursement this Period 82.54	
City Campbell Hall State NY Zip Code 10916-2304	Purpose of Disbursement Wages Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Murad Khan		Transaction ID: D7485 Date of Disbursement MM / DD / YYYY 05 / 30 / 2003	
Mailing Address 5 Pischke Road		Amount of Each Disbursement this Period 25.52	
City Campbell Hall State NY Zip Code 10916-2304	Purpose of Disbursement Wages Candidate Name Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lot 61		Transaction ID: D7573 Date of Disbursement MM / DD / YYYY 08 / 19 / 2003	
Mailing Address Attn Britt Morgan-Saks 550 West 21st Street		Amount of Each Disbursement this Period 2000.00	
City New York State NY Zip Code 10011-2812	Purpose of Disbursement Event Expense Candidate Name Category/Type 003		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	2108.08
TOTAL This Period (last page this line number only)	_____

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 104 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Bari Lurie		Transaction ID: D7285 Date of Disbursement 04 / 09 / 2003	
Mailing Address 2400 Virginia Avenue Number C1005		Amount of Each Disbursement this Period 24.14	
City Washington	State DC	Zip Code 20037	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Event Expense		003 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bari Lurie		Transaction ID: D7337 Date of Disbursement 04 / 15 / 2003	
Mailing Address 2400 Virginia Avenue Number C1005		Amount of Each Disbursement this Period 649.88	
City Washington	State DC	Zip Code 20037	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bari Lurie		Transaction ID: D7380 Date of Disbursement 04 / 24 / 2003	
Mailing Address 2400 Virginia Avenue Number C1005		Amount of Each Disbursement this Period 11.01	
City Washington	State DC	Zip Code 20037	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Office Supplies		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	684.01
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 105 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Bari Lurie		Transaction ID: D7393	
Mailing Address 2400 Virginia Avenue Number C1005		Date of Disbursement 04 / 30 / 2003	
City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 648.86
Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bari Lurie		Transaction ID: D7435	
Mailing Address 2400 Virginia Avenue Number C1005		Date of Disbursement 05 / 15 / 2003	
City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 648.86
Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bari Lurie		Transaction ID: D7494	
Mailing Address 2400 Virginia Avenue Number C1005		Date of Disbursement 05 / 30 / 2003	
City Washington	State DC	Zip Code 20037	Amount of Each Disbursement this Period 648.86
Purpose of Disbursement Wages		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1948.86
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Hillary

Full Name (Last, First, Middle Initial) A. Bari Lurie		Transaction ID: D7518 Date of Disbursement 06 / 10 / 2003
Mailing Address 2400 Virginia Avenue Number C1005		Amount of Each Disbursement this Period 210.56
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Office Supplies		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Bari Lurie		Transaction ID: D7543 Date of Disbursement 06 / 13 / 2003
Mailing Address 2400 Virginia Avenue Number C1005		Amount of Each Disbursement this Period 651.57
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Bari Lurie		Transaction ID: D7593 Date of Disbursement 06 / 30 / 2003
Mailing Address 2400 Virginia Avenue Number C1005		Amount of Each Disbursement this Period 651.57
City Washington	State DC Zip Code 20037	
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	1519.70
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 107 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Marc Parc Inc		Transaction ID: D7297	
Mailing Address 1110 4th Street NW		Date of Disbursement 04 / 09 / 2003	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement This Period 100.00
Purpose of Disbursement Parking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Marc Parc Inc		Transaction ID: D7371	
Mailing Address 1110 4th Street NW		Date of Disbursement 04 / 24 / 2003	
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement This Period 200.00
Purpose of Disbursement Parking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. MCI		Transaction ID: D7317	
Mailing Address PO Box 856053		Date of Disbursement 04 / 09 / 2003	
City Louisville	State KY	Zip Code 40285-8053	Amount of Each Disbursement This Period 1011.86
Purpose of Disbursement Telephone Service		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1311.86
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

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

Transaction ID: D7286

Date of Disbursement

04 / 09 / 2003

Mailing Address PO Box 856053

City State Zip Code
Louisville KY 40285-6053

Amount of Each Disbursement This Period

25.85

Purpose of Disbursement
Telephone Service
Candidate Name

DD1

Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

Transaction ID: D7461

Date of Disbursement

05 / 16 / 2003

Mailing Address PO Box 856053

City State Zip Code
Louisville KY 40285-6053

Amount of Each Disbursement This Period

1517.24

Purpose of Disbursement
Telephone Service
Candidate Name

DD1

Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

Transaction ID: D7471

Date of Disbursement

05 / 23 / 2003

Mailing Address PO Box 856053

City State Zip Code
Louisville KY 40285-6053

Amount of Each Disbursement This Period

49.80

Purpose of Disbursement
Telephone Service
Candidate Name

DD1

Category/
Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1592.69

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 109 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. MCI		Transaction ID: D7526	
Mailing Address PO Box 856053		Date of Disbursement 06 / 10 / 2003	
City Louisville	State KY	Zip Code 40285-6053	Amount of Each Disbursement this Period 476.87
Purpose of Disbursement Telephone Service		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. MCI		Transaction ID: D7514	
Mailing Address PO Box 856053		Date of Disbursement 06 / 10 / 2003	
City Louisville	State KY	Zip Code 40285-6053	Amount of Each Disbursement this Period 57.12
Purpose of Disbursement Telephone Service		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) G. MCI		Transaction ID: D7555	
Mailing Address PO Box 856053		Date of Disbursement 05 / 19 / 2003	
City Louisville	State KY	Zip Code 40285-6053	Amount of Each Disbursement this Period 15.50
Purpose of Disbursement Telephone Service		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	549.49
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Merkle Response Service

Full Name (Last, First, Middle Initial)
Merkle Response Service

Transaction ID: D7420
Date of Disbursement
05 / 08 / 2003

Mailing Address 13331 Pennsylvania Avenue

City Hagerstown State MD Zip Code 21742

Purpose of Disbursement Direct Mail

Candidate Name

Amount of Each Disbursement this Period
1475.48

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 003

B. Merkle Response Service

Full Name (Last, First, Middle Initial)
Merkle Response Service

Transaction ID: D7519
Date of Disbursement
06 / 10 / 2003

Mailing Address 13331 Pennsylvania Avenue

City Hagerstown State MD Zip Code 21742

Purpose of Disbursement Direct Mail

Candidate Name

Amount of Each Disbursement this Period
246.03

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 003

C. Metro Graphics

Full Name (Last, First, Middle Initial)
Metro Graphics

Transaction ID: D7321
Date of Disbursement
04 / 09 / 2003

Mailing Address 481 Washington Street
6th Floor

City New York State NY Zip Code 10013

Purpose of Disbursement Event Expense

Candidate Name

Amount of Each Disbursement this Period
1851.69

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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional) ▶ 3373.20

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

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Mitchell Canoff		Transaction ID: D7312 Date of Disbursement MM / DD / YYYY 04 / 09 / 2003
Mailing Address 1310 West Wrightwood		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago	State IL Zip Code 60614	
Purpose of Disbursement Event Expense		<input type="checkbox"/> Category/Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Shelly Moskwa		Transaction ID: D7341 Date of Disbursement MM / DD / YYYY 04 / 15 / 2003
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1524.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Wages		<input type="checkbox"/> Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Shelly Moskwa		Transaction ID: D7342 Date of Disbursement MM / DD / YYYY 04 / 15 / 2003
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1524.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20009	
Purpose of Disbursement Wages		<input type="checkbox"/> Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	3348.94
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 112 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Shelly Moskwa		Transaction ID: D7343 Date of Disbursement MM / DD / YYYY 04 / 15 / 2003	
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1524.47	
City Washington	State DC	Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Shelly Moskwa		Transaction ID: D7396 Date of Disbursement MM / DD / YYYY 04 / 30 / 2003	
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1524.47	
City Washington	State DC	Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Shelly Moskwa		Transaction ID: D7440 Date of Disbursement MM / DD / YYYY 05 / 15 / 2003	
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1524.47	
City Washington	State DC	Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4573.41
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 Hillary

Full Name (Last, First, Middle Initial) A. Shelly Moskwa		Transaction ID: D7500 Date of Disbursement 05 / 30 / 2003
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1524.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Shelly Moskwa		Transaction ID: D7547 Date of Disbursement 06 / 19 / 2003
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1539.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Shelly Moskwa		Transaction ID: D7589 Date of Disbursement 06 / 30 / 2003
Mailing Address 1744 V Street, N.W.		Amount of Each Disbursement this Period 1539.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Wages	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4603.01
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. NCCI

Full Name (Last, First, Middle Initial)
NCCI

Transaction ID: D7552
Date of Disbursement
08 / 16 / 2003

Mailing Address 901 Peninsula Corporate Circle

City Boca Raton State FL Zip Code 33487

Purpose of Disbursement Committee Insurance
Candidate Name

Category/Type 001

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

Amount of Each Disbursement this Period
1052.00

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

B. Neera Tanden

Full Name (Last, First, Middle Initial)
Neera Tanden

Transaction ID: D7589
Date of Disbursement
08 / 19 / 2003

Mailing Address 1801 Ashton Road

City Ashton State MD Zip Code 20861

Purpose of Disbursement Travel
Candidate Name

Category/Type 002

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

Amount of Each Disbursement this Period
230.50

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

C. NGP Software

Full Name (Last, First, Middle Initial)
NGP Software

Transaction ID: D7318
Date of Disbursement
04 / 09 / 2003

Mailing Address 5055 Connecticut Avenue, NW
PMB 277

City Washington State DC Zip Code 20015

Purpose of Disbursement Consulting/Computers
Candidate Name

Category/Type 001

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

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) ▶ 2482.50

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. NGP Software		Transaction ID: D7306 Date of Disbursement 04 / 09 / 2003
Mailing Address 5055 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 184.28
City Washington State DC Zip Code 20015	Purpose of Disbursement Consulting/Computers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. NGP Software		Transaction ID: D7460 Date of Disbursement 05 / 16 / 2003
Mailing Address 5055 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20015	Purpose of Disbursement Consulting/Computers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. NGP Software		Transaction ID: D7458 Date of Disbursement 05 / 16 / 2003
Mailing Address 5055 Connecticut Avenue, NW PMB 277		Amount of Each Disbursement this Period 1100.82
City Washington State DC Zip Code 20015	Purpose of Disbursement Consulting/Computers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	2785.08
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 118 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. North American Jet Charter Group LLC		Transaction ID: D7613 Date of Disbursement
Mailing Address 1011 South Wolf Road		<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2003"/>
City Wheeling	State IL	Zip Code 60090
Purpose of Disbursement Travel	<input type="text" value="002"/> Category/ Type	Amount of Each Disbursement this Period <input type="text" value="1818.75"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. O'Brien McConnell & Pearson, Inc		Transaction ID: D7449 Date of Disbursement
Mailing Address 1726 M Street, NW Number 300		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2003"/>
City Washington	State DC	Zip Code 20036-4502
Purpose of Disbursement Consulting/Direct Mail	<input type="text" value="003"/> Category/ Type	Amount of Each Disbursement this Period <input type="text" value="38.01"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Occasions Caterers		Transaction ID: D7482 Date of Disbursement
Mailing Address 910 Pennsylvania Avenue, SE		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2003"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Event Expense	<input type="text" value="003"/> Category/ Type	Amount of Each Disbursement this Period <input type="text" value="2484.00"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4320.76"/>
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Amy Padre		Transaction ID: D7332 Date of Disbursement 04 / 15 / 2003
Mailing Address 4306 Alton Place		Amount of Each Disbursement this Period 124.58
City Washington State DC Zip Code 20016	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Amy Padre		Transaction ID: D7389 Date of Disbursement 04 / 30 / 2003
Mailing Address 4306 Alton Place		Amount of Each Disbursement this Period 127.57
City Washington State DC Zip Code 20016	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Amy Padre		Transaction ID: D7430 Date of Disbursement 05 / 15 / 2003
Mailing Address 4306 Alton Place		Amount of Each Disbursement this Period 207.79
City Washington State DC Zip Code 20016	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	458.92
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 118 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Amy Padre		Transaction ID: D7488	
Mailing Address 4308 Alton Place		Date of Disbursement MM / DD / YYYY 05 / 30 / 2003	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 236.88
Purpose of Disbursement Wages	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Amy Padre		Transaction ID: D7536	
Mailing Address 4308 Alton Place		Date of Disbursement MM / DD / YYYY 06 / 13 / 2003	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 110.13
Purpose of Disbursement Wages	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Amy Padre		Transaction ID: D7587	
Mailing Address 4308 Alton Place		Date of Disbursement MM / DD / YYYY 06 / 30 / 2003	
City Washington	State DC	Zip Code 20016	Amount of Each Disbursement this Period 228.56
Purpose of Disbursement Wages	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	575.57
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Patti Solis Doyle		Transaction ID: D7302 Date of Disbursement 04 / 09 / 2003	
Mailing Address 3719 Morrison Street, NW		Amount of Each Disbursement this Period 129.25	
City Washington	State DC	Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name		<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Patti Solis Doyle		Transaction ID: D7308 Date of Disbursement 04 / 09 / 2003	
Mailing Address 3719 Morrison Street, NW		Amount of Each Disbursement this Period 206.50	
City Washington	State DC	Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name		<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Patti Solis Doyle		Transaction ID: D7347 Date of Disbursement 04 / 15 / 2003	
Mailing Address 3719 Morrison Street, NW		Amount of Each Disbursement this Period 2151.84	
City Washington	State DC	Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type 001	
Candidate Name		<input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2487.69
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 120 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Patti Solis Doyle		Transaction ID: D7349	
Mailing Address 3719 Morrison Street, NW		Date of Disbursement 04 / 15 / 2003	
City Washington	State DC	Zip Code 20015	Amount of Each Disbursement this Period 2151.94
Purpose of Disbursement Wages		<input type="checkbox"/> 001 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Patti Solis Doyle		Transaction ID: D7348	
Mailing Address 3719 Morrison Street, NW		Date of Disbursement 04 / 15 / 2003	
City Washington	State DC	Zip Code 20015	Amount of Each Disbursement this Period 2151.94
Purpose of Disbursement Wages		<input type="checkbox"/> 001 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Patti Solis Doyle		Transaction ID: D7354	
Mailing Address 3719 Morrison Street, NW		Date of Disbursement 04 / 17 / 2003	
City Washington	State DC	Zip Code 20015	Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Travel		<input type="checkbox"/> 002 Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4403.88
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Patti Solis Doyle

Full Name (Last, First, Middle Initial)
Patti Solis Doyle

Transaction ID: D7400
Date of Disbursement
04 / 30 / 2003

Mailing Address 3719 Morrison Street, NW

City Washington State DC Zip Code 20015

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
2151.94

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

001
Category/Type

B. Patti Solis Doyle

Full Name (Last, First, Middle Initial)
Patti Solis Doyle

Transaction ID: D7442
Date of Disbursement
05 / 15 / 2003

Mailing Address 3719 Morrison Street, NW

City Washington State DC Zip Code 20015

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
2151.94

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

001
Category/Type

C. Patti Solis Doyle

Full Name (Last, First, Middle Initial)
Patti Solis Doyle

Transaction ID: D7502
Date of Disbursement
05 / 30 / 2003

Mailing Address 3719 Morrison Street, NW

City Washington State DC Zip Code 20015

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
2151.94

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

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6455.82

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

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21
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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Patti Solis Doyle		Transaction ID: D7549 Date of Disbursement 06 / 13 / 2003	
Mailing Address 3719 Morrison Street, NW		Amount of Each Disbursement this Period 2234.94	
City Washington	State DC	Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Patti Solis Doyle		Transaction ID: D7601 Date of Disbursement 06 / 30 / 2003	
Mailing Address 3719 Morrison Street, NW		Amount of Each Disbursement this Period 2234.94	
City Washington	State DC	Zip Code 20015	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Psychex		Transaction ID: D7326 Date of Disbursement 04 / 10 / 2003	
Mailing Address Electronic Network Services P.O. Box 17938		Amount of Each Disbursement this Period 174.81	
City Rochester	State NY	Zip Code 14617	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Payroll Service Fee		001 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	4644.89
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Paychex

Transaction ID: D7350

Date of Disbursement

MM	DD	YYYY
04	15	2003

Mailing Address Electronic Network Services
P.O. Box 17938

City Rochester State NY Zip Code 14617

Purpose of Disbursement

State/Federal Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

11653.05

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

Full Name (Last, First, Middle Initial)

B. Paychex

Transaction ID: D7401

Date of Disbursement

MM	DD	YYYY
04	30	2003

Mailing Address Electronic Network Services
P.O. Box 17938

City Rochester State NY Zip Code 14617

Purpose of Disbursement

State/Federal Taxes

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

6309.31

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

Full Name (Last, First, Middle Initial)

C. Paychex

Transaction ID: D7422

Date of Disbursement

MM	DD	YYYY
05	12	2003

Mailing Address Electronic Network Services
P.O. Box 17938

City Rochester State NY Zip Code 14617

Purpose of Disbursement

Payroll Service Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

202.99

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

SUBTOTAL of Disbursements This Page (optional)

18165.35

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 124 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: D7443 Date of Disbursement MM / DD / YYYY 05 / 15 / 2003
Mailing Address Electronic Network Services P.O. Box 17938		Amount of Each Disbursement this Period 5583.08
City Rochester	State NY	
Zip Code 14617	Purpose of Disbursement State/Federal Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: D7503 Date of Disbursement MM / DD / YYYY 05 / 30 / 2003
Mailing Address Electronic Network Services P.O. Box 17938		Amount of Each Disbursement this Period 5660.23
City Rochester	State NY	
Zip Code 14617	Purpose of Disbursement State/Federal Taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: D7517 Date of Disbursement MM / DD / YYYY 06 / 10 / 2003
Mailing Address Electronic Network Services P.O. Box 17938		Amount of Each Disbursement this Period 186.65
City Rochester	State NY	
Zip Code 14617	Purpose of Disbursement Payroll Service Fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	11409.96
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 Hillary

Full Name (Last, First, Middle Initial)

A. Paychex

 Mailing Address Electronic Network Services
P.O. Box 17938

City Rochester State NY Zip Code 14617

 Purpose of Disbursement
State/Federal Taxes

001

Candidate Name

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7550

Date of Disbursement

06 / 13 / 2003

Amount of Each Disbursement this Period

5388.53

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

Full Name (Last, First, Middle Initial)

B. Paychex

 Mailing Address Electronic Network Services
P.O. Box 17938

City Rochester State NY Zip Code 14617

 Purpose of Disbursement
State/Federal Taxes

001

Candidate Name

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7502

Date of Disbursement

06 / 30 / 2003

Amount of Each Disbursement this Period

5548.34

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

Full Name (Last, First, Middle Initial)

C. Pepco

Mailing Address PO Box 97294

City Washington State DC Zip Code 20090

 Purpose of Disbursement
Office Utilities

001

Candidate Name

Category/
Type
 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7291

Date of Disbursement

04 / 09 / 2003

Amount of Each Disbursement this Period

65.87

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

SUBTOTAL of Disbursements This Page (optional) ▶

11003.74

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

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Pepco		Transaction ID: D7414	
Mailing Address PO Box 97294		Date of Disbursement MM / DD / YYYY 05 / 06 / 2003	
City Washington	State DC	Zip Code 20090	Amount of Each Disbursement this Period 98.24
Purpose of Disbursement Office Utilities		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Pepco		Transaction ID: D7566	
Mailing Address PO Box 97294		Date of Disbursement MM / DD / YYYY 06 / 19 / 2003	
City Washington	State DC	Zip Code 20090	Amount of Each Disbursement this Period 153.63
Purpose of Disbursement Office Utilities		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Poland Spring		Transaction ID: D7369	
Mailing Address Post Office Box 850641		Date of Disbursement MM / DD / YYYY 04 / 24 / 2003	
City Dallas	State TX	Zip Code 75265-0641	Amount of Each Disbursement this Period 66.15
Purpose of Disbursement Drinking Water		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	318.02
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 127 / 178
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Poland Spring		Transaction ID: D7488 Date of Disbursement MM / DD / YYYY 05 / 23 / 2003
Mailing Address Post Office Box 650641		Amount of Each Disbursement this Period 27.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas	State TX Zip Code 75285-0641	
Purpose of Disbursement Drinking Water		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Poland Spring		Transaction ID: D758D Date of Disbursement MM / DD / YYYY 05 / 19 / 2003
Mailing Address Post Office Box 650641		Amount of Each Disbursement this Period 57.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas	State TX Zip Code 75285-0641	
Purpose of Disbursement Drinking Water		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Postmaster		Transaction ID: D735B Date of Disbursement MM / DD / YYYY 04 / 17 / 2003
Mailing Address 50 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Postage		Category/Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2084.46
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: D7419 Date of Disbursement 05 / 06 / 2003
Mailing Address 50 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 497.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		001 Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: D7484 Date of Disbursement 05 / 29 / 2003
Mailing Address 50 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 318.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Postage		001 Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. R&D Direct Marketing		Transaction ID: D7527 Date of Disbursement 06 / 10 / 2003
Mailing Address 19920 Lee Highway		Amount of Each Disbursement this Period 807.00
City Centreville State VA Zip Code 20120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct Mail		003 Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	1622.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Ralph Alsang		Transaction ID: D7438 Date of Disbursement 05 / 15 / 2003
Mailing Address 2756 Woodley Place NW		Amount of Each Disbursement this Period 845.00
City Washington	State DC Zip Code 20008	
Purpose of Disbursement Event Expense		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Ricoh		Transaction ID: D7313 Date of Disbursement 04 / 08 / 2003
Mailing Address Post Office Box 13607		Amount of Each Disbursement this Period 326.70
City Newark	State NJ Zip Code 07188-0607	
Purpose of Disbursement Office Equipment		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ricoh		Transaction ID: D7456 Date of Disbursement 05 / 16 / 2003
Mailing Address Post Office Box 13607		Amount of Each Disbursement this Period 354.19
City Newark	State NJ Zip Code 07188-0607	
Purpose of Disbursement Office Equipment		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1525.89
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 Hillary

Full Name (Last, First, Middle Initial) A. Ricoh		Transaction ID: D7570 Date of Disbursement MM / DD / YYYY 08 / 19 / 2003
Mailing Address Post Office Box 13607		Amount of Each Disbursement this Period 321.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07188-0607	
Purpose of Disbursement Office Equipment		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: D7277 Date of Disbursement MM / DD / YYYY 04 / 01 / 2003
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 4.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20006	
Purpose of Disbursement Banking Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: D7278 Date of Disbursement MM / DD / YYYY 04 / 02 / 2003
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 99.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20006	
Purpose of Disbursement Banking Fee		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	419.89
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 131 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: D7279	
Mailing Address 808 17th Street NW		Date of Disbursement 04 / 03 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 319.84
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: D7375	
Mailing Address 808 17th Street NW		Date of Disbursement 04 / 24 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 452.99
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: D7380	
Mailing Address 808 17th Street NW		Date of Disbursement 04 / 25 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 3.00
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	776.82
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 132 / 178
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: D7382	
Mailing Address 808 17th Street NW		Date of Disbursement 04 / 29 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 245.22
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: D7383	
Mailing Address 808 17th Street NW		Date of Disbursement 04 / 30 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 7.31
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: D7402	
Mailing Address 808 17th Street NW		Date of Disbursement 05 / 01 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	257.03
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: D7404 Date of Disbursement 05 / 02 / 2003	
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 105.86	
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banking Fee	Category/Type 001		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: D7405 Date of Disbursement 05 / 03 / 2003	
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 4.50	
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banking Fee	Category/Type 001		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: D7406 Date of Disbursement 05 / 05 / 2003	
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 61.44	
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banking Fee	Category/Type 001		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	171.80
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 134 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: D7486 Date of Disbursement MM / DD / YYYY 05 / 18 / 2003	
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 1.50	
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banking Fee		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: D7483 Date of Disbursement MM / DD / YYYY 05 / 27 / 2003	
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 156.53	
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banking Fee		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: D7491 Date of Disbursement MM / DD / YYYY 05 / 30 / 2003	
Mailing Address 808 17th Street NW		Amount of Each Disbursement this Period 530.94	
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Banking Fee		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	688.97
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 / 179	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: D7506	
Mailing Address 808 17th Street NW		Date of Disbursement 06 / 02 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: D7508	
Mailing Address 808 17th Street NW		Date of Disbursement 06 / 03 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 25.21
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: D7508	
Mailing Address 808 17th Street NW		Date of Disbursement 06 / 03 / 2003	
City Washington	State DC	Zip Code 20006	Amount of Each Disbursement this Period 223.52
Purpose of Disbursement Banking Fee		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	253.29
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Riggs Bank

Full Name (Last, First, Middle Initial)
Riggs Bank

Transaction ID: D7575
Date of Disbursement
06 / 24 / 2003

Mailing Address 808 17th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Banking Fee 001
Candidate Name Category/Type

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

Amount of Each Disbursement this Period
34.13

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

B. Riggs Bank

Full Name (Last, First, Middle Initial)
Riggs Bank

Transaction ID: D7577
Date of Disbursement
06 / 30 / 2003

Mailing Address 808 17th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Banking Fee 001
Candidate Name Category/Type

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

Amount of Each Disbursement this Period
24.89

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

C. Melissa Roy

Full Name (Last, First, Middle Initial)
Melissa Roy

Transaction ID: D7609
Date of Disbursement
04 / 15 / 2003

Mailing Address 21 6th Street, NE
Number 1A

City Washington State DC Zip Code 20002

Purpose of Disbursement Wages 001
Candidate Name Category/Type

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

Amount of Each Disbursement this Period
728.05

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

SUBTOTAL of Disbursements This Page (optional) ▶ 787.07

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 / 178	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Melissa Roy		Transaction ID: D7608 Date of Disbursement 04 / 30 / 2003	
Mailing Address 21 6th Street, NE Number 1A		Amount of Each Disbursement this Period 728.05	
City Washington	State DC	Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type DD1	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Melissa Roy		Transaction ID: D7607 Date of Disbursement 05 / 15 / 2003	
Mailing Address 21 6th Street, NE Number 1A		Amount of Each Disbursement this Period 728.05	
City Washington	State DC	Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type DD1	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Melissa Roy		Transaction ID: D7606 Date of Disbursement 05 / 30 / 2003	
Mailing Address 21 6th Street, NE Number 1A		Amount of Each Disbursement this Period 728.05	
City Washington	State DC	Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type DD1	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	2184.15
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Melissa Roy		Transaction ID: D7605	
Mailing Address 21 6th Street, NE Number 1A		Date of Disbursement 06 / 13 / 2003	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 730.45
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Melissa Roy		Transaction ID: D7604	
Mailing Address 21 8th Street, NE Number 1A		Date of Disbursement 06 / 30 / 2003	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 730.45
Purpose of Disbursement Wages		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7323	
Mailing Address 1133 Connecticut Ave NW #300		Date of Disbursement 04 / 09 / 2003	
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 3320.32
Purpose of Disbursement Consulting/Legal		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	4781.22
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 139 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7370
Mailing Address 1133 Connecticut Ave NW #300		Date of Disbursement MM / DD / YYYY 04 / 24 / 2003
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Consulting/Legal	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 172.42	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) B. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7378
Mailing Address 1133 Connecticut Ave NW #300		Date of Disbursement MM / DD / YYYY 04 / 24 / 2003
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Consulting/Legal	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 2500.00	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) C. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7523
Mailing Address 1133 Connecticut Ave NW #300		Date of Disbursement MM / DD / YYYY 06 / 10 / 2003
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Consulting/Legal	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 416.72	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional)	3089.14
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7534 Date of Disbursement 06 / 10 / 2003
Mailing Address 1133 Connecticut Ave NW #300		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036		
Purpose of Disbursement Consulting/Legal	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7572 Date of Disbursement 06 / 19 / 2003
Mailing Address 1133 Connecticut Ave NW #300		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1121.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036		
Purpose of Disbursement Consulting/Legal	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ryan Phillips Utrecht & MacKinnon		Transaction ID: D7574 Date of Disbursement 06 / 19 / 2003
Mailing Address 1133 Connecticut Ave NW #300		Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036		
Purpose of Disbursement Consulting/Legal	<div style="border: 1px solid black; padding: 2px; text-align: center;">001</div> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6121.01
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 141 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Heather Samuelson		Transaction ID: D7333
Mailing Address 12613 Exchange Court		Date of Disbursement 04 / 15 / 2003
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 130.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Heather Samuelson		Transaction ID: D7390
Mailing Address 12613 Exchange Court		Date of Disbursement 04 / 30 / 2003
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 200.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Heather Samuelson		Transaction ID: D7431
Mailing Address 12613 Exchange Court		Date of Disbursement 05 / 15 / 2003
City Potomac	State MD	Zip Code 20854
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 258.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	689.34
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Heather Samuelson

Full Name (Last, First, Middle Initial)
Heather Samuelson

Transaction ID: D7489
Date of Disbursement
05 / 30 / 2003

Mailing Address 12613 Exchange Court

City Potomac State MD Zip Code 20854

Purpose of Disbursement Wages
Candidate Name

Category/Type 001

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

Amount of Each Disbursement this Period
251.79

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

B. Heather Samuelson

Full Name (Last, First, Middle Initial)
Heather Samuelson

Transaction ID: D7511
Date of Disbursement
06 / 10 / 2003

Mailing Address 12613 Exchange Court

City Potomac State MD Zip Code 20854

Purpose of Disbursement Travel
Candidate Name

Category/Type 002

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

Amount of Each Disbursement this Period
10.00

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

C. Heather Samuelson

Full Name (Last, First, Middle Initial)
Heather Samuelson

Transaction ID: D7539
Date of Disbursement
06 / 13 / 2003

Mailing Address 12613 Exchange Court

City Potomac State MD Zip Code 20854

Purpose of Disbursement Wages
Candidate Name

Category/Type 001

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

Amount of Each Disbursement this Period
225.91

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

SUBTOTAL of Disbursements This Page (optional) ▶ 487.70

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 143 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Heather Samuelson		Transaction ID: D7588 Date of Disbursement 06 / 30 / 2003
Mailing Address 12813 Exchange Court		Amount of Each Disbursement this Period 292.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Potomac State MD Zip Code 20854	Purpose of Disbursement Wages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Savin		Transaction ID: D7453 Date of Disbursement 05 / 16 / 2003
Mailing Address Post Office Box 905804		Amount of Each Disbursement this Period 173.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Charlotte State NC Zip Code 28290-5804	Purpose of Disbursement Office Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sophia Mallos		Transaction ID: D7307 Date of Disbursement 04 / 09 / 2003
Mailing Address 11 D Street, SE		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement Parking Fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	666.54
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Sophia Mellos		Transaction ID: D7372	
Mailing Address 11 D Street, SE		Date of Disbursement MM / DD / YYYY 04 / 24 / 2003	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Parking Fee		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Sophia Mellos		Transaction ID: D7454	
Mailing Address 11 D Street, SE		Date of Disbursement MM / DD / YYYY 05 / 16 / 2003	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Parking Fee		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. Sprint PCS		Transaction ID: D7298	
Mailing Address Post Office Box 62012		Date of Disbursement MM / DD / YYYY 04 / 09 / 2003	
City Baltimore	State MD	Zip Code 21284-2D12	Amount of Each Disbursement this Period 103.41
Purpose of Disbursement Telephone Service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	603.41
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: D7565 Date of Disbursement 06 / 19 / 2003
Mailing Address Post Office Box 62012		Amount of Each Disbursement this Period 148.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore	State MD Zip Code 21264-2012	
Purpose of Disbursement Telephone Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D7280 Date of Disbursement 04 / 07 / 2003
Mailing Address 500 Staples Drive PO Box 9368		Amount of Each Disbursement this Period 138.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D7281 Date of Disbursement 04 / 08 / 2003
Mailing Address 500 Staples Drive PO Box 9368		Amount of Each Disbursement this Period 138.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Framingham	State MA Zip Code 01702	
Purpose of Disbursement Office Supplies		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	421.72
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: D7327 Date of Disbursement 04 / 11 / 2003
Mailing Address 500 Staples Drive PO Box 9368		Amount of Each Disbursement this Period 207.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frammingham State MA Zip Code 01702	Purpose of Disbursement Office Supplies Candidate Name Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: D7351 Date of Disbursement 04 / 16 / 2003
Mailing Address 500 Staples Drive PO Box 9368		Amount of Each Disbursement this Period 239.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frammingham State MA Zip Code 01702	Purpose of Disbursement Office Supplies Candidate Name Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: D7403 Date of Disbursement 05 / 02 / 2003
Mailing Address 500 Staples Drive PO Box 9368		Amount of Each Disbursement this Period 93.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Frammingham State MA Zip Code 01702	Purpose of Disbursement Office Supplies Candidate Name Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	540.46
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 Hillary

A. Staples

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D7421
Date of Disbursement
05 / 08 / 2003

Mailing Address 500 Staples Drive
PO Box 9368

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

Amount of Each Disbursement this Period
167.23

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

B. Staples

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D7423
Date of Disbursement
05 / 14 / 2003

Mailing Address 500 Staples Drive
PO Box 9368

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

Amount of Each Disbursement this Period
117.60

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

C. Staples

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D7476
Date of Disbursement
05 / 23 / 2003

Mailing Address 500 Staples Drive
PO Box 9368

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies Category/Type 001

Candidate Name

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

Amount of Each Disbursement this Period
248.44

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

SUBTOTAL of Disbursements This Page (optional) ▶ 533.47

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 148 / 178
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive PO Box 9368 City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7515 Date of Disbursement 06 / 10 / 2003 Amount of Each Disbursement this Period 58.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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B. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive PO Box 9368 City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7553 Date of Disbursement 06 / 17 / 2003 Amount of Each Disbursement this Period 84.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Staples Full Name (Last, First, Middle Initial) Staples Mailing Address 500 Staples Drive PO Box 9368 City Framingham State MA Zip Code 01702 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: D7554 Date of Disbursement 06 / 18 / 2003 Amount of Each Disbursement this Period 40.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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SUBTOTAL of Disbursements This Page (optional)	182.92
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 18a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Staples

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 500 Staples Drive
PO Box 9388

City Framingham State MA Zip Code 01702

Purpose of Disbursement Office Supplies
Candidate Name

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

State: District:

Transaction ID: D7579
Date of Disbursement 06 / 30 / 2003

Amount of Each Disbursement this Period
37.71

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

Category/Type 001

B. Strategic Marketing and Mailing

Full Name (Last, First, Middle Initial)
Strategic Marketing and Mailing

Mailing Address 3002 North Apollo Drive

City Champaign State IL Zip Code 61822

Purpose of Disbursement Direct Mail
Candidate Name

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

State: District:

Transaction ID: D7325
Date of Disbursement 04 / 09 / 2003

Amount of Each Disbursement this Period
13111.86

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

Category/Type 003

C. Thunderball Courier Services

Full Name (Last, First, Middle Initial)
Thunderball Courier Services

Mailing Address 1133 Broadway #223

City New York State NY Zip Code 10010

Purpose of Disbursement Courier Service
Candidate Name

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

State: District:

Transaction ID: D7284
Date of Disbursement 04 / 09 / 2003

Amount of Each Disbursement this Period
73.00

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶ 13222.37

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

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Thunderball Courier Services

Full Name (Last, First, Middle Initial)
Thunderball Courier Services

Mailing Address 1133 Broadway #223

City New York State NY Zip Code 10010

Purpose of Disbursement Courier Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7409
Date of Disbursement 05 / 06 / 2003

Amount of Each Disbursement this Period 40.00

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

Category/Type 001

B. Thunderball Courier Services

Full Name (Last, First, Middle Initial)
Thunderball Courier Services

Mailing Address 1133 Broadway #223

City New York State NY Zip Code 10010

Purpose of Disbursement Courier Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7444
Date of Disbursement 05 / 16 / 2003

Amount of Each Disbursement this Period 17.00

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

Category/Type 001

C. Thunderball Courier Services

Full Name (Last, First, Middle Initial)
Thunderball Courier Services

Mailing Address 1133 Broadway #223

City New York State NY Zip Code 10010

Purpose of Disbursement Courier Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7467
Date of Disbursement 05 / 23 / 2003

Amount of Each Disbursement this Period 20.00

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶ 77.00

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

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Thunderball Courier Services		Transaction ID: D7510 Date of Disbursement 06 / 10 / 2003
Mailing Address 1133 Broadway #223		Amount of Each Disbursement this Period 9.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10010		
Purpose of Disbursement Courier Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tower Cleaning		Transaction ID: D7309 Date of Disbursement 04 / 09 / 2003
Mailing Address PO Box 549		Amount of Each Disbursement this Period 211.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southeastern State PA Zip Code 19399		
Purpose of Disbursement Janitorial Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Tower Cleaning		Transaction ID: D7455 Date of Disbursement 05 / 16 / 2003
Mailing Address PO Box 549		Amount of Each Disbursement this Period 211.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Southeastern State PA Zip Code 19399		
Purpose of Disbursement Janitorial Service	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	432.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

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(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 Hillary

Full Name (Last, First, Middle Initial)

A. Tower Cleaning

Mailing Address PO Box 549

City	State	Zip Code
Southeastern	PA	19399

Purpose of Disbursement

Janitorial Service

Candidate Name

 001
Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID: D7568

Date of Disbursement

MM	YY	YY
06	19	2003

Amount of Each Disbursement this Period

211.50

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

Full Name (Last, First, Middle Initial)

B. Triplex

Mailing Address 20 Leveroni Court
PO Box 1800

City	State	Zip Code
Novato	CA	94948-1800

Purpose of Disbursement

List Management

Candidate Name

 001
Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID: D7299

Date of Disbursement

MM	YY	YY
04	09	2003

Amount of Each Disbursement this Period

109.08

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

Full Name (Last, First, Middle Initial)

C. Triplex

Mailing Address 20 Leveroni Court
PO Box 1800

City	State	Zip Code
Novato	CA	94948-1800

Purpose of Disbursement

List Management

Candidate Name

 001
Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID: D7355

Date of Disbursement

MM	YY	YY
04	17	2003

Amount of Each Disbursement this Period

450.23

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

SUBTOTAL of Disbursements This Page (optional)

770.79

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 153 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Triplex		Transaction ID: D7480	
Mailing Address 20 Leveroni Court PO Box 1800		Date of Disbursement 05 / 23 / 2003	
City Novato	State CA	Zip Code 94948-1800	Amount of Each Disbursement this Period 2048.53
Purpose of Disbursement List Management		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. United Parcel Service		Transaction ID: D7316	
Mailing Address Post Office Box 4980		Date of Disbursement 04 / 09 / 2003	
City Hagerstown	State MD	Zip Code 21747-4980	Amount of Each Disbursement this Period 891.61
Purpose of Disbursement Shipping		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. United Parcel Service		Transaction ID: D7352	
Mailing Address Post Office Box 4980		Date of Disbursement 04 / 17 / 2003	
City Hagerstown	State MD	Zip Code 21747-4980	Amount of Each Disbursement this Period 83.92
Purpose of Disbursement Shipping		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	3024.06
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. United Parcel Service		Transaction ID: D7359 Date of Disbursement 04 / 24 / 2003
Mailing Address Post Office Box 4980		Amount of Each Disbursement this Period 7.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hagerstown State MD Zip Code 21747-4980	Category/ Type 001	
Purpose of Disbursement Shipping	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. United Parcel Service		Transaction ID: D7411 Date of Disbursement 05 / 06 / 2003
Mailing Address Post Office Box 4980		Amount of Each Disbursement this Period 58.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hagerstown State MD Zip Code 21747-4980	Category/ Type 001	
Purpose of Disbursement Shipping	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. United Parcel Service		Transaction ID: D7448 Date of Disbursement 05 / 16 / 2003
Mailing Address Post Office Box 4980		Amount of Each Disbursement this Period 28.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hagerstown State MD Zip Code 21747-4980	Category/ Type 001	
Purpose of Disbursement Shipping	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	94.83
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 155 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. United Parcel Service		Transaction ID: D7516	
Mailing Address Post Office Box 4980		Date of Disbursement 06 / 10 / 2003	
City Hagerstown	State MD	Zip Code 21747-4980	Amount of Each Disbursement this Period 89.93
Purpose of Disbursement Shipping		Category/ Type DD1	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. United Parcel Service		Transaction ID: D7567	
Mailing Address Post Office Box 4980		Date of Disbursement 06 / 19 / 2003	
City Hagerstown	State MD	Zip Code 21747-4980	Amount of Each Disbursement this Period 201.81
Purpose of Disbursement Shipping		Category/ Type DD1	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. US Bank		Transaction ID: D7522	
Mailing Address 501 Second Avenue South		Date of Disbursement 06 / 10 / 2003	
City Minneapolis	State MN	Zip Code 55402	Amount of Each Disbursement this Period 399.10
Purpose of Disbursement Credit Card Payment		Category/ Type DD1	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	690.84
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. US Senate Restaurants		Transaction ID: D7353 Date of Disbursement
Mailing Address First and C Streets, NE		04 / 17 / 2003
City Washington	State DC	Zip Code 20510
Purpose of Disbursement Meeting Expense	Candidate Name	Amount of Each Disbursement this Period 89.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. US Senate Restaurants		Transaction ID: D7415 Date of Disbursement
Mailing Address First and C Streets, NE		05 / 08 / 2003
City Washington	State DC	Zip Code 20510
Purpose of Disbursement Meeting Expense	Candidate Name	Amount of Each Disbursement this Period 117.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. US Senate Restaurants		Transaction ID: D7477 Date of Disbursement
Mailing Address First and C Streets, NE		05 / 23 / 2003
City Washington	State DC	Zip Code 20510
Purpose of Disbursement Meeting Expense	Candidate Name	Amount of Each Disbursement this Period 403.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	610.65
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address Post Office Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7310

Date of Disbursement

04 / 09 / 2003

Amount of Each Disbursement this Period

215.82

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 Post Office Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7301

Date of Disbursement

04 / 09 / 2003

Amount of Each Disbursement this Period

128.87

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

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address Post Office Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7292

Date of Disbursement

04 / 09 / 2003

Amount of Each Disbursement this Period

67.86

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

SUBTOTAL of Disbursements This Page (optional)

412.55

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 158 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D7290 Date of Disbursement 04 / 09 / 2003
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 85.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement Telephone Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D7373 Date of Disbursement 04 / 24 / 2003
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 241.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement Telephone Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D7368 Date of Disbursement 04 / 24 / 2003
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 64.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement Telephone Service		Category/Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	371.87
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

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

Mailing Address Post Office Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement Telephone Service Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7367
Date of Disbursement 04 / 24 / 2003

Amount of Each Disbursement this Period 33.88

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

Category/Type 001

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

Mailing Address Post Office Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement Telephone Service Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7447
Date of Disbursement 05 / 16 / 2003

Amount of Each Disbursement this Period 34.25

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

Category/Type 001

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

Mailing Address Post Office Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement Telephone Service Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D7451
Date of Disbursement 05 / 16 / 2003

Amount of Each Disbursement this Period 145.43

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

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) 213.56

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D7551 Date of Disbursement 06 / 14 / 2003
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 188.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement Telephone Service		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: D7582 Date of Disbursement 06 / 19 / 2003
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 72.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement Telephone Service		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: D7557 Date of Disbursement 06 / 19 / 2003
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 28.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement Telephone Service		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	271.21
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 151 / 178
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: D7558 Date of Disbursement 06 / 19 / 2003	
Mailing Address Post Office Box 489		Amount of Each Disbursement this Period 33.74	
City Newark	State NJ	Zip Code 07101-0489	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D7311 Date of Disbursement 04 / 09 / 2003	
Mailing Address Post Office Box 15124		Amount of Each Disbursement this Period 265.45	
City Albany	State NY	Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D7288 Date of Disbursement 04 / 09 / 2003	
Mailing Address Post Office Box 15124		Amount of Each Disbursement this Period 47.50	
City Albany	State NY	Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		Category/Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	346.69
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 162 / 170
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D7410 Date of Disbursement 05 / 06 / 2003	
Mailing Address Post Office Box 15124		Amount of Each Disbursement this Period 40.55	
City Albany	State NY	Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D7432 Date of Disbursement 05 / 15 / 2003	
Mailing Address Post Office Box 15124		Amount of Each Disbursement this Period 423.06	
City Albany	State NY	Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D7520 Date of Disbursement 06 / 10 / 2003	
Mailing Address Post Office Box 15124		Amount of Each Disbursement this Period 284.95	
City Albany	State NY	Zip Code 12212-5124	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Telephone Service		001 Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	748.58
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address Post Office Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement
Telephone Service

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D7525

Date of Disbursement

06 / 10 / 2003

Amount of Each Disbursement this Period

475.01

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

Full Name (Last, First, Middle Initial)

B. Vivian Santora

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement
Travel

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D7303

Date of Disbursement

04 / 09 / 2003

Amount of Each Disbursement this Period

129.78

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

Full Name (Last, First, Middle Initial)

C. Vivian Santora

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement
Travel

002
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District

Transaction ID: D7300

Date of Disbursement

04 / 09 / 2003

Amount of Each Disbursement this Period

115.65

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

SUBTOTAL of Disbursements This Page (optional) ▶

720.44

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

**SCHEDULE B (FEC Form F3)
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 Hillary

A. Full Name (Last, First, Middle Initial)
Vivian Santora

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement Wages 001
Candidate Name Category/ Type

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

State: District:

Transaction ID: D7346
Date of Disbursement 04 / 15 / 2003

Amount of Each Disbursement this Period 1651.54

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

B. Full Name (Last, First, Middle Initial)
Vivian Santora

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement Wages 001
Candidate Name Category/ Type

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

State: District:

Transaction ID: D7345
Date of Disbursement 04 / 15 / 2003

Amount of Each Disbursement this Period 1651.54

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

C. Full Name (Last, First, Middle Initial)
Vivian Santora

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement Wages 001
Candidate Name Category/ Type

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

State: District:

Transaction ID: D7344
Date of Disbursement 04 / 15 / 2003

Amount of Each Disbursement this Period 1651.54

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

SUBTOTAL of Disbursements This Page (optional)	4964.62
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
Friends of Hillary

A. Vivian Santora

Full Name (Last, First, Middle Initial)
Vivian Santora

Transaction ID: D7365
Date of Disbursement
04 / 24 / 2003

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement Travel
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
28.50

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

Category/Type: 002

B. Vivian Santora

Full Name (Last, First, Middle Initial)
Vivian Santora

Transaction ID: D7369
Date of Disbursement
04 / 30 / 2003

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
1851.54

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

Category/Type: 001

C. Vivian Santora

Full Name (Last, First, Middle Initial)
Vivian Santora

Transaction ID: D7441
Date of Disbursement
05 / 15 / 2003

Mailing Address 401 East 34th Street
Apartment N11P

City New York State NY Zip Code 10016

Purpose of Disbursement Wages
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
1651.54

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

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 3331.58

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
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
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Vivian Santora		Transaction ID: D7450 Date of Disbursement 05 / 18 / 2003	
Mailing Address 401 East 34th Street Apartment N11P		Amount of Each Disbursement this Period 46.46	
City New York	State NY	Zip Code 10016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Vivian Santora		Transaction ID: D7469 Date of Disbursement 05 / 23 / 2003	
Mailing Address 401 East 34th Street Apartment N11P		Amount of Each Disbursement this Period 30.00	
City New York	State NY	Zip Code 10016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Vivian Santora		Transaction ID: D7501 Date of Disbursement 05 / 30 / 2003	
Mailing Address 401 East 34th Street Apartment N11P		Amount of Each Disbursement this Period 1851.54	
City New York	State NY	Zip Code 10016	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Wages		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

1728.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 167 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Vivian Santora		Transaction ID: D7512 Date of Disbursement 06 / 10 / 2003
Mailing Address 401 East 34th Street Apartment N11P		Amount of Each Disbursement this Period 20.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10016	Purpose of Disbursement Office Supplies Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Vivian Santora		Transaction ID: D7548 Date of Disbursement 06 / 13 / 2003
Mailing Address 401 East 34th Street Apartment N11P		Amount of Each Disbursement this Period 1883.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10016	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Vivian Santora		Transaction ID: D7800 Date of Disbursement 06 / 30 / 2003
Mailing Address 401 East 34th Street Apartment N11P		Amount of Each Disbursement this Period 1883.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10016	Purpose of Disbursement Wages Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3388.45
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial)
Wendy Button

Transaction ID: D7331
Date of Disbursement
04 / 15 / 2003

Mailing Address 1711 19th Street NW
Apartment 1

City Washington State DC Zip Code 20007

Purpose of Disbursement Wages 001 Category/Type

Candidate Name

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

Amount of Each Disbursement this Period
111.90

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

B. Full Name (Last, First, Middle Initial)
Wendy Button

Transaction ID: D7388
Date of Disbursement
04 / 30 / 2003

Mailing Address 1711 19th Street NW
Apartment 1

City Washington State DC Zip Code 20007

Purpose of Disbursement Wages 001 Category/Type

Candidate Name

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

Amount of Each Disbursement this Period
111.90

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

C. Full Name (Last, First, Middle Initial)
Wendy Button

Transaction ID: D7429
Date of Disbursement
05 / 15 / 2003

Mailing Address 1711 19th Street NW
Apartment 1

City Washington State DC Zip Code 20007

Purpose of Disbursement Wages 001 Category/Type

Candidate Name

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

Amount of Each Disbursement this Period
111.90

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

SUBTOTAL of Disbursements This Page (optional) ▶ 335.70

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21
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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Wendy Button		Transaction ID: D7487 Date of Disbursement 05 / 30 / 2003
Mailing Address 1711 19th Street NW Apartment 1		Amount of Each Disbursement this Period 111.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007		
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wendy Button		Transaction ID: D7537 Date of Disbursement 06 / 13 / 2003
Mailing Address 1711 19th Street NW Apartment 1		Amount of Each Disbursement this Period 111.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007		
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wendy Button		Transaction ID: D7582 Date of Disbursement 06 / 30 / 2003
Mailing Address 1711 19th Street NW Apartment 1		Amount of Each Disbursement this Period 111.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007		
Purpose of Disbursement Wages	Category/ Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	335.70
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Williams & Connolly LLP		Transaction ID: D7374	
Mailing Address 725 12th Street, NW		Date of Disbursement 04 / 24 / 2003	
City Washington	State DC	Zip Code 20005-5901	Amount of Each Disbursement this Period 266.79
Purpose of Disbursement Consulting/Legal		<input type="checkbox"/> 001 Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Williams & Connolly LLP		Transaction ID: D7379	
Mailing Address 725 12th Street, NW		Date of Disbursement 04 / 24 / 2003	
City Washington	State DC	Zip Code 20005-5901	Amount of Each Disbursement this Period 12402.50
Purpose of Disbursement Consulting/Legal		<input type="checkbox"/> 001 Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Williams & Connolly LLP		Transaction ID: D7524	
Mailing Address 725 12th Street, NW		Date of Disbursement 06 / 10 / 2003	
City Washington	State DC	Zip Code 20005-5901	Amount of Each Disbursement this Period 423.75
Purpose of Disbursement Consulting/Legal		<input type="checkbox"/> 001 Category/Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	13093.01
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 171 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Advanta		Transaction ID: D7407	
Mailing Address PO Box 8088		Date of Disbursement 05 / 05 / 2003	
City Philadelphia	State PA	Zip Code 19101-8088	
Purpose of Disbursement Credit Card Payment		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Amount of Each Disbursement this Period 3448.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

Full Name (Last, First, Middle Initial) B. Advanta		Transaction ID: D7603	
Mailing Address PO Box 8088		Date of Disbursement 04 / 25 / 2003	
City Philadelphia	State PA	Zip Code 19101-8088	
Purpose of Disbursement Finance Charge		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Amount of Each Disbursement this Period 111.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 001		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ATA Airlines		Transaction ID: D7274	
Mailing Address Post Office Box 51808		Date of Disbursement 04 / 05 / 2003	
City Indianapolis	State IN	Zip Code 46251	
Purpose of Disbursement Travel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Amount of Each Disbursement this Period 335.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/Type 002		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	3448.04
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 172 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Dell Computers		Transaction ID: D7270 Date of Disbursement 04 / 08 / 2003	
Mailing Address 1 Dell Way		Amount of Each Disbursement this Period 2106.54	
City Round Rock	State TX	Zip Code 78882	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Computer Equipment		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Hotels.com		Transaction ID: D7276 Date of Disbursement 04 / 04 / 2003	
Mailing Address 10440 North Central Expressway		Amount of Each Disbursement this Period 129.00	
City Dallas	State TX	Zip Code 75231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hotels.com		Transaction ID: D7275 Date of Disbursement 04 / 04 / 2003	
Mailing Address 10440 North Central Expressway		Amount of Each Disbursement this Period 258.00	
City Dallas	State TX	Zip Code 75231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Travel		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:
(check only one)

PAGE 173 / 179

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Friends of Hillary

Full Name (Last, First, Middle Initial)

A. Staples Office Supplies

Mailing Address 5801 Leesburg Pike

City Falls Church State VA Zip Code 22041

 Purpose of Disbursement
Office Supplies

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7268

Date of Disbursement

 / /

Amount of Each Disbursement this Period

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

B. Staples Office Supplies

Mailing Address 5801 Leesburg Pike

City Falls Church State VA Zip Code 22041

 Purpose of Disbursement
Office Supplies

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7269

Date of Disbursement

 / /

Amount of Each Disbursement this Period

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

C. Best Buy

Mailing Address 1301 South Joyce Street

City Arlington State VA Zip Code 22305

 Purpose of Disbursement
Office Supplies

Candidate Name

 001
Category/
Type

 Office Sought: House
 Senate
 President

 Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D7247

Date of Disbursement

 / /

Amount of Each Disbursement this Period

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

(MEMO ITEM)

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 174 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D7529	
Mailing Address 777 American Expressway		Date of Disbursement 06 / 10 / 2003	
City Ft. Lauderdale	State FL	Zip Code 33337	Amount of Each Disbursement This Period 844.38
Purpose of Disbursement Credit Card Payment/Itemized below		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Hyatt Hotels -- Chesapeake		Transaction ID: D7256	
Mailing Address 2800 Ocean Gateway		Date of Disbursement 05 / 05 / 2003	
City Cambridge	State MD	Zip Code 21813	Amount of Each Disbursement This Period 426.56
Purpose of Disbursement Travel		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) C. Hyatt Hotels -- Chesapeake		Transaction ID: D7257	
Mailing Address 2800 Ocean Gateway		Date of Disbursement 05 / 08 / 2003	
City Cambridge	State MD	Zip Code 21813	Amount of Each Disbursement This Period 417.80
Purpose of Disbursement Travel		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	844.36
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 175 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Advanta		Transaction ID: D7533 Date of Disbursement 08 / 10 / 2003
Mailing Address PO Box 8088		Amount of Each Disbursement this Period 2161.22
City Philadelphia	State PA Zip Code 19101-8088	
Purpose of Disbursement Credit Card Payment		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Amtrak		Transaction ID: D7284 Date of Disbursement 04 / 25 / 2003
Mailing Address 50 Massachusetts Avenue, N.E.		Amount of Each Disbursement this Period 143.00
City Washington	State DC Zip Code 20002-4214	
Purpose of Disbursement Travel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. Amtrak		Transaction ID: D7285 Date of Disbursement 04 / 25 / 2003
Mailing Address 50 Massachusetts Avenue, N.E.		Amount of Each Disbursement this Period 144.00
City Washington	State DC Zip Code 20002-4214	
Purpose of Disbursement Travel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	2161.22
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 176 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Dell Computers		Transaction ID: D7265 Date of Disbursement 05 / 11 / 2003
Mailing Address Dell Way		Amount of Each Disbursement this Period 1347.75
City Round Rock	State TX	Zip Code 78682
Purpose of Disbursement Computer Equipment	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples Office Supplies		Transaction ID: D7262 Date of Disbursement 05 / 12 / 2003
Mailing Address 5801 Leesburg Pike		Amount of Each Disbursement this Period 83.59
City Falls Church	State VA	Zip Code 22041
Purpose of Disbursement Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Staples Office Supplies		Transaction ID: D7263 Date of Disbursement 05 / 22 / 2003
Mailing Address 5801 Leesburg Pike		Amount of Each Disbursement this Period 15.68
City Falls Church	State VA	Zip Code 22041
Purpose of Disbursement Office Supplies	Candidate Name	001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 177 / 179
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Hillary

Full Name (Last, First, Middle Initial) A. Adventa		Transaction ID: D7597	
Mailing Address PO Box 8088		Date of Disbursement 06 / 30 / 2003	
City Philadelphia	State PA	Zip Code 19101-8088	Amount of Each Disbursement this Period 1168.76
Purpose of Disbursement Credit Card Payment/Itemized below		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) B. Staples Office Supplies		Transaction ID: D7261	
Mailing Address 5801 Leesburg Pike		Date of Disbursement 06 / 12 / 2003	
City Falls Church	State VA	Zip Code 22041	Amount of Each Disbursement this Period 70.85
Purpose of Disbursement Office Supplies		001 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. United Airlines		Transaction ID: D7251	
Mailing Address Post Office Box 66140		Date of Disbursement 05 / 27 / 2003	
City Ann O'Hare	State IL	Zip Code 60666	Amount of Each Disbursement this Period 794.00
Purpose of Disbursement Travel		002 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	1168.76
TOTAL This Period (last page this line number only)	253057.63

**SCHEDULE D (FEC Form F3)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)
Friends of Hillary

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Delancey Printing		Nature of Debt (Purpose): Printing
Mailing Address Post Office Box 388		
City State	ZIP Code	
Alexandria VA	22313-0388	
Outstanding Balance Beginning This Period		Transaction ID: D7235
1475.21		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3325.84	1475.21	3325.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Metro Graphics		Nature of Debt (Purpose): Event Expense
Mailing Address 481 Washington Street 6th Floor		
City State	ZIP Code	
New York NY	10013	
Outstanding Balance Beginning This Period		Transaction ID: D7236
1651.69		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	1651.69	0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ryan Phillips Utrecht & MacKinnon		Nature of Debt (Purpose): Consulting/Legal
Mailing Address 1133 Connecticut Ave NW #300		
City State	ZIP Code	
Washington DC	20038	
Outstanding Balance Beginning This Period		Transaction ID: D5028
3320.32		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
9210.15	12530.47	0.00

1) SUBTOTALS This Period This Page (optional)	3325.84
2) TOTALS This Period (last page this line number only)	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form F3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
(check only one) 9
 10

NAME OF COMMITTEE (In Full)

Friends of Hillary

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Strategic Marketing and Mailing

Nature of Debt (Purpose):
Direct Mail

Mailing Address 3002 North Apollo Drive

City State ZIP Code
Champaign IL 61822

Outstanding Balance Beginning This Period

13111.66

Transaction ID: D7238

Amount Incurred This Period

0.00

Payment This Period

13111.66

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Williams & Connolly LLP

Nature of Debt (Purpose):
Consulting/Legal

Mailing Address 725 12th Street, NW

City State ZIP Code
Washington DC 20005-6901

Outstanding Balance Beginning This Period

10836.95

Transaction ID: D6130

Amount Incurred This Period

11629.19

Payment This Period

13093.01

Outstanding Balance at Close of This Period

9373.13

1) SUBTOTALS This Period This Page (optional).....

9373.13

2) TOTALS This Period (last page this line number only).....

12698.97

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

FEC FORM 3Z (File with Form 3)
CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) Friends of Hillary		Report Covering Period: From: 04 01 2003		To: 06 30 2003		
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A	Hillary Rodham Clinton for US Senate Committee, Inc.			0	0	
B	Column Total Last Page Only					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contribution	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	0	0	0	0
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	0	0	0
B						
	(o) Line No. 18(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 18(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contributions Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 8 Debit & Obligation Owed TO the Committee
A	0	0	0	0	0	0
B						
	(aa) Line No. 10 Debit & Obligation Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	0	0			
B						

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) Friends of Hillary		Report Covering Period: From: 04 01 2003		To: 06 30 2003	
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv/Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A Friends of Hillary				183892.45	0
B Column Total Last Page Only				0	0
(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(e) Total Loans Made or Guaranteed by The Candidate	(h) Line No. 13(b) Total All Other Loans
A 24107.77	0	208000.22	0	0	0
B 0	0	0	0	0	0
(i) Line No. 13(e) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A 0	16028.42	3226.14	227254.78	264279.45	0
B 0	0	0	0	0	0
(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 18(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contributions Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A 0	0	0	0	0	0
B 0	0	0	0	0	0
(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 8 Debts & Obligations Owed TO the Committee
A 0	0	264279.45	423653.81	386629.14	0
B 0	0	0	0	0	0
(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 8(a) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A 12698.97	208000.22	248251.03			
B 0	0	0			

EMILY J. REYNOLDS
SECRETARY

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United States Senate

OFFICE OF THE SECRETARY

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