

Friends of
Maurice Hinchey

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

PO Box 4497 • Kingston, NY 12402 • (914) 338-8890 • Fax (914) 338-9089
Home Page: <http://www.hincheyforcongress.org>

2000 APR 17 P 3:40

14 April 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

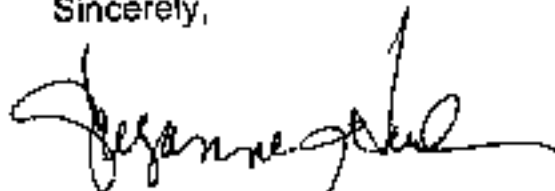
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: April 15 Quarterly Report
FEC Identification No.: C00272633

Dear Sir or Madam:

Please find enclosed the Friends of Maurice Hinchey above-referenced report for the election year 2000.

Sincerely,



Susanne Herl
Assistant Treasurer

Enclosure

Authorized and paid for by The Friends of Maurice Hinchey, Frank Koenig, Treasurer.

Contributions or gifts to this committee are not deductible on federal tax returns. Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.



REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 17 P 3:40

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Friends of Maurice Hinchey		2. FEC IDENTIFICATION NUMBER C00272633
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO Box 4497		
CITY, STATE and ZIP CODE Kingston New York 12402	STATE/DISTRICT NY-26	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

<input checked="" type="checkbox"/> April 15 Quarterly Report	<input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election)
<input type="checkbox"/> July 15 Quarterly Report	election on _____ in the State of _____
<input type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election
<input type="checkbox"/> January 31 Year End Report	on _____ in the State of _____
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only)	<input type="checkbox"/> Termination Report

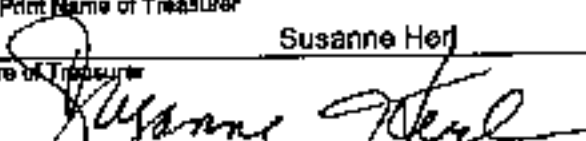
This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/00 through 3/31/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$46,959.00	\$46,959.00
(b) Total Contribution Refunds (from Line 20(d))	\$250.00	\$250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$46,709.00	\$46,709.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$18,850.52	\$18,850.52
(b) Total Offsets to Operating Expenditures (from Line 14)	\$2,261.15	\$2,261.15
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$16,589.37	\$16,589.37
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$132,345.54	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 Susanne Herj		Date
Signature of Treasurer 		4/14/00

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

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FINANCIAL PDF

FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) Friends of Maurice Hinchey	Report Covering the Period:	
	From: 1/1/00	To: 3/31/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$15,400.00	
(ii) Unitemized	\$11,959.00	
(iii) Total of contributions from individuals	\$27,359.00	\$27,359.00
(b) Political Party Committees	\$600.00	\$600.00
(c) Other Political Committees (such as PACs)	\$19,000.00	\$19,000.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (ii), (c) and (d))	\$46,959.00	\$46,959.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
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 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$2,261.15	\$2,261.15
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$726.99	\$726.99
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$49,947.14	\$49,947.14
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$18,850.52	\$18,850.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$250.00	\$250.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$250.00	\$250.00
21. OTHER DISBURSEMENTS	\$1,000.00	\$1,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$20,100.52	\$20,100.52
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	102,498.92
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	49,947.14
25. SUBTOTAL (add Line 23 and Line 24)	\$	152,446.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	20,100.52
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	132,345.54

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Basch 181 N Manor Avenue Kingston, NY 12401	Self	3/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Rose Betho 324 Savage Farm Dr. Ithaca, NY 14850-6503	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	3/28/00	\$250.00
Aggregate Year-to-Date \$		\$250.00	
C. Full Name, Mailing Address and ZIP Code Alex Blavatnik 301 W 57th st #40E New York, NY 10019	Name of Employer Access Industries	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	2/28/00	\$1,000.00
Aggregate Year-to-Date \$		\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Emily Blavatnik 1009 Park Avenue New York, NY 10028-0936	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	2/28/00	\$1,000.00
Aggregate Year-to-Date \$		\$1,000.00	
E. Full Name, Mailing Address and ZIP Code Larisa Blavatnik 424 West End Ave #17F New York, NY 10024	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	2/28/00	\$1,000.00
Aggregate Year-to-Date \$		\$1,000.00	
F. Full Name, Mailing Address and ZIP Code Leonard Blavatnik 1009 Park Avenue, #5A New York, NY 10028-0936	Name of Employer Access Industries	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	2/28/00	\$1,000.00
Aggregate Year-to-Date \$		\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Harriet B. Brittain 135 Warren Road Ithaca, NY 14850	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	3/21/00	\$300.00
Aggregate Year-to-Date \$		\$300.00	

SUBTOTAL of Receipts This Page (optional) _____

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

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 5
FOR LINE NUMBER 11(a)(1)

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Stanley Coffman 209 N. Manor Ave. Kingston, NY 12401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$	Date (month, day, year) 3/14/00 \$250.00	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and ZIP Code Michael Dobbs 195 Arnold Drive Kingston, NY 12401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ulster Uniforms Occupation CEO Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00 \$300.00	Amount of Each Receipt this Period \$300.00
C. Full Name, Mailing Address and ZIP Code Arnold Drogen 4 Country Club Drive Oneonta, NY 13820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SYDA Foundation Occupation Director Aggregate Year-to-Date > \$	Date (month, day, year) 3/21/00 \$500.00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Douglas Dural 1155 Avenue of the Americas New York, NY 10036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Durst Organization Occupation Owner Aggregate Year-to-Date > \$	Date (month, day, year) 3/21/00 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Hollis Erb 118 Snyder Hill Road Ithaca, NY 14850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cornell University Occupation Veterinarian Aggregate Year-to-Date > \$	Date (month, day, year) 2/28/00 \$250.00	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and ZIP Code Elizabeth Horton 239 Central Park West New York, NY 10024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nat'l Council Research for Wo Occupation Administrator Aggregate Year-to-Date > \$	Date (month, day, year) 3/29/00 \$500.00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and ZIP Code Charles Johnston Box 717 Roscoe, NY 12778 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Johnston & Rhodes Blueston Occupation Executive Aggregate Year-to-Date > \$	Date (month, day, year) 3/16/00 \$300.00	Amount of Each Receipt this Period \$300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brad Jordan Kingston Plaza PO Box 3328 Kingston, NY 12402	Kingston Plaza	3/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Helene Kaplan 146 Central Park West, #9D New York, NY 10023-2005	Skadden, Arpo, Slate, Mengh	3/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herbert Kurz 511 Gair Street Piermont, NY 10868	Prudential Life Insurance	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Garnett R. Lanzky 14 Jefferson Avenue Endicott, NY 13760-5241	IBM	3/13/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Software Engineer	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
S. Jay Levy Box 26 Chappaqua, NY 10514	Self	3/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Economist	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nancy K. Magliocchetti 10203 Woodvale Pond Drive Fairfax Station, VA 22030		3/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elizabeth McLafferty 103 Needham Place Ithaca, NY 14850		3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from individuals/Persons

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

PAGE 4 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Mott 7216 Countrywood Court Springfield, VA 22151	AT&T	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Government Relations Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Nelson 50 Glose Road Greenwich, CT 06831	Self	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Developer Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Nyewriter 29 Maddaloni Rd. Hurley, NY 12443	Self	3/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Rappaport 229 Hartwood Rd. P.O. Box 11 Forestburgh, NY 12777	Self	3/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Salema 441 River Road Newburgh, NY 12550	Healthcare Associates	3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Schumann 27 Stratford Place Binghamton, NY 13905		3/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne Taft 38 Oakridge Drive Binghamton, NY 13903	Self	3/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 5 OF 5
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey CD0272633

A. Full Name, Mailing Address and ZIP Code Lois Zoller 3180 N. Lake Shore Drive Chicago, IL 60657 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Investor Aggregate Year-to-Date > \$	Date (month, day, year) 3/31/00 \$250.00	Amount of Each Receipt This Period \$250.00
B. Full Name, Mailing Address and ZIP Code JACPAC PO Box 105 Highland Park, IL 60035 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer NOTE: Above Contribution earmarked through this organi Occupation TOTAL FROM CONDUIT Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period MEMO \$250.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional) _____

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

\$15,400.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Party Committees

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

PAGE 1 OF 1
FOR LINE NUMBER
11(b)

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Gallo-Sottile Committee 157 Bruyn Avenue Kingston, NY 12401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	3/14/00	\$500.00
	Aggregate Year-to-Date > \$		\$500.00
B. Full Name, Mailing Address and ZIP Code Greene County Democratic Committee 158 Kings Road Coxsackie, NY 12051 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	3/23/00	\$100.00
	Aggregate Year-to-Date > \$		\$100.00
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$800.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 4
FOR LINE NUMBER 11(c)

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFA FLIGHT PAC 1275 K Street, NW Suite 500 Washington, DC 20005		3/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Agri-Mark LEC PO Box 5800 Lawrence, MA 01842		3/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amer. Podiatric Med. Assoc. 9312 Old Georgetown Road Bethesda, MD 20814-1696		3/9/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Maritime Officers, AFL-CIO 850 4th Avenue Brooklyn, NY 11232		3/14/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANA-PAC 600 Maryland Avenue, SW Suite 100 West Washington, DC 20024-2571		3/23/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ATLA PAC 1050 - 31st Street, NW Washington, DC 20007		3/23/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boilermakers-Blacksmiths 753 State Avenue, Suite 555 Kansas City, KS 66101		3/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 2 OF 4
FOR LINE NUMBER 11(c)

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 Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code Carpenters (GLIC) 101 Constitution Avenue NW Washington, DC 20001	Name of Employer Occupation	Date (month, day, year) 3/21/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<hr/>			
B. Full Name, Mailing Address and ZIP Code Chicago Mercantile Exchange 1290 PA Ave NW Ste 1275 Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<hr/>			
C. Full Name, Mailing Address and ZIP Code CRNA PAC 412 First St SE #12 Washington, DC 20003-	Name of Employer Occupation	Date (month, day, year) 2/28/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<hr/>			
D. Full Name, Mailing Address and ZIP Code DEPAC PO Box 808700 Kansas City, MO 64190-9700	Name of Employer Occupation	Date (month, day, year) 3/14/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
<hr/>			
E. Full Name, Mailing Address and ZIP Code ENGPAC 1234 8th Street, #204 Santa Monica, CA 90401	Name of Employer Occupation	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<hr/>			
F. Full Name, Mailing Address and ZIP Code Farm Credit PAC 50 F Street, NW Suite 900 Washington, DC 20001	Name of Employer Occupation	Date (month, day, year) 3/14/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
<hr/>			
G. Full Name, Mailing Address and ZIP Code Ironworkers PAL 1750 New York Avenue, NW Washington, DC 20006	Name of Employer Occupation	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 3 OF 4
FOR LINE NUMBER 11(c)

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code IUOE/EPEC 1125 17th Street, NW Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$500.00	
B. Full Name, Mailing Address and ZIP Code Lockheed Martin Employees PAC 1725 Jefferson Davis Highway Crystal Square Two, Suite 300 Arlington, VA 22202	Name of Employer Occupation	Date (month, day, year) 3/29/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code Machinists Non-Partisan PL 9000 Machinist Place Upper Marlboro, MD 20772	Name of Employer Occupation	Date (month, day, year) 3/8/00	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$2,000.00	
D. Full Name, Mailing Address and ZIP Code National Cotton Council of America 1521 New Hampshire Ave NW Washington, DC 20036-	Name of Employer Occupation	Date (month, day, year) 3/29/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$500.00	
E. Full Name, Mailing Address and ZIP Code NCPSSM-PAC 10 G Street, Suite 600 Washington, DC 20002-4215	Name of Employer Occupation	Date (month, day, year) 3/23/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$500.00	
F. Full Name, Mailing Address and ZIP Code NYS Assoc. of Nurse Anesthetists, Inc. 222 South Prospect Avenue Perk Ridge, IL 60068	Name of Employer Occupation	Date (month, day, year) 3/31/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code PMA PAC 1755 Jefferson Davis Highway Suite 1107 Arlington, VA 22202	Name of Employer Occupation	Date (month, day, year) 3/14/00	Amount of Each Receipt this Period \$500.00
Receipt For: <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)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 4 OF 4
FOR LINE NUMBER 11(c)

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code SAF PAC 1801 Duke Street Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year) 3/31/00 \$500.00	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Seafarers Political Activity 5201 Auth Way Camp Springs, MD 20746 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/14/00 \$500.00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Sierra Club PC 408 C Street, NE Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/23/00 \$500.00	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and ZIP Code U.A. Plumbers & Pipefitters (PEC) 901 Massachusetts Avenue, NW Washington, DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/14/00 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code UAW V CAP 1757 N Street, NW Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/23/00 \$500.00	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code United Food & Commercial Workers ABC 1775 K Street, NW Washington, DC 20006-1588 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 1/25/00 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$19,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Media Strategies 318 Massachusetts Avenue, NE Washington, DC 20002	Name of Employer Refund Occupation	Date (month, day, year) 2/9/00	Amount of Each Receipt this Period \$2,261.15
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,261.15		
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$2,261.15

SCHEDULE A

ITEMIZED RECEIPTS

Other Receipts

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

PAGE 1 OF 1
FOR LINE NUMBER 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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Ulster Savings Bank 280 Wall Street Kingston, NY 12401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer * Interest Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/30/00 \$726.99	Amount of Each Receipt this Period \$726.99
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$726.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C0D272833

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Telephone Telephone	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic/NYNEX P.O. Box 15124 Albany, NY 12250	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/3/00 2/4/00	\$143.49 \$120.79
B. Full Name, Mailing Address and ZIP Code Bell Atlantic/NYNEX P.O. Box 15124 Albany, NY 12250	Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/7/00	\$159.24
C. Full Name, Mailing Address and ZIP Code Catskill Arts & Office Supply 114-118 Smith St. Kingston, NY 12401	Purpose of Disbursement Office Office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/3/00 1/14/00	\$55.92 \$144.64
D. Full Name, Mailing Address and ZIP Code David L. Andrukulis, Inc. Printing & Mailing Services 50 E Street, SE Washington, DC 20003	Purpose of Disbursement Printing Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/4/00 2/28/00	\$97.32 \$420.38
E. Full Name, Mailing Address and ZIP Code DCCC 430 South Capital St. Washington, DC 20003	Purpose of Disbursement Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/6/00	\$5,000.00
F. Full Name, Mailing Address and ZIP Code Homestead Hot Springs VA 24445	Purpose of Disbursement Conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/11/00	\$700.00
G. Full Name, Mailing Address and ZIP Code IKON Office Solutions 1812 Route 7 Troy, NY 12180	Purpose of Disbursement Office Office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/3/00 1/14/00	\$281.28 \$20.25
H. Full Name, Mailing Address and ZIP Code Independence Party of NY PO Box 119 Highland Lake, NY 12743	Purpose of Disbursement ticket Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/10/00	\$250.00
I. Full Name, Mailing Address and ZIP Code Kingston Hospital Foundation Tulip Ball Broadway Kingston, NY 12401	Purpose of Disbursement Journal ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/20/00	\$250.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 17

Operating Expenditures

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 Maurice Hinchey C0D272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kingswood Equities 1010 Northern Blvd. Great Neck, NY 11021	Office Rent	1/3/00	\$265.00
	Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/4/00	\$265.00
Kingswood Equities 1010 Northern Blvd. Great Neck, NY 11021	Office Rent	3/8/00	\$265.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
NARAL/NY 462 Broadway #540 New York, NY 10013	Journal ad/ticket	3/20/00	\$500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
Postmaster 50 Main Street Kingston, NY 12401	Postage	2/25/00	\$2,145.00
	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/6/00	\$501.98
Postmaster 50 Main Street Kingston, NY 12401	Postage	3/22/00	\$9.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
Postmaster 50 Main Street Kingston, NY 12401	Postage	1/3/00	\$56.00
	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/4/00	\$35.86
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	1/7/00	\$287.01
	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/14/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	3/17/00	\$287.01
	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/24/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	3/3/00	\$287.01
	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/10/00	\$287.01

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	2/18/00	\$287.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/25/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	2/4/00	\$287.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	2/11/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	1/21/00	\$287.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	1/28/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary	3/31/00	\$287.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
Ulster Savings Bank 280 Wall Street Kingston, NY 12401	Wage Withholding Tax	1/14/00	\$531.90
	Bank service charge	1/19/00	\$85.25
Ulster Savings Bank 280 Wall Street Kingston, NY 12401	Wage Withholding Tax	2/15/00	\$425.52
	Wage Withholding Tax	3/15/00	\$425.52
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (less page this line number only) \$16,876.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **20(a)**

Refunds of Contributions to Individuals

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 Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution refund	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Schumann 27 Stratford Place Binghamton, NY 13905	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/00	\$250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other Disbursements

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 Maurice Hinchey CD0272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Federal Contribution (CA-15)	Date (month, day, year)	Amount of Each Disbursement This Period
Mika Honda for Congress 6132 Bollinger Road San Jose, CA 95129	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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Other (Specify): Postmarked

and/or Date of Receipt

Electronic Filing

REG
PREPARER

4-17-00
DATE PREPARED