

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Friends of Carolyn McCarthy

ADDRESS (number and street) 151 Linden Road

Check if different than previously reported. (ACC)

Mineola NY 11501

2. **FEC IDENTIFICATION NUMBER** C00318931

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

CITY STATE ZIP CODE STATE DISTRICT

NY 04

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on _____ in the State of _____

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 03 31 2009

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 Margaret May

Signature of Treasurer Electronically Filed by Margaret May Date 04 10 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Carolyn McCarthy

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	147984.05	151352.05
(b) Total Contribution Refunds (from Line 20(d)).....	2500.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	145484.05	148852.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	75841.89	170334.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	2317.44	2317.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	73524.45	168016.78
8. Cash on Hand at Close of Reporting Period (from Line 27).....	261517.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Friends of Carolyn McCarthy

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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).....

54200.00

54200.00

(ii) Unitemized.....

41784.05

42652.05

(iii) TOTAL of contributions

95984.05

96852.05

from individuals..... ▶

1000.00

1000.00

(b) Political Party Committees.....

51000.00

53500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

147984.05

151352.05

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

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

0.00

0.00

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

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

2317.44

2317.44

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

4.48

19.17

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

150305.97

153688.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75841.89	170334.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	2500.00
21. OTHER DISBURSEMENTS.....	250.00	27250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	78591.89	200084.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	189803.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	150305.97
25. SUBTOTAL (add Line 23 and Line 24).....	340109.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78591.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	261517.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 70
	<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	

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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Advanced Acoustic Concepts Inc. PAC		Date of Receipt
	Mailing Address 425 Oser Avenue		<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d
	City State Zip Code Hauppauge NY 11788		<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
	FEC ID number of contributing federal political committee. C C00366385		Transaction ID: 90407.C129059
Name of Employer Occupation CFO		Amount of Each Receipt this Period	2000.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Election Cycle-to-Date ▼		2000.00	

B.	Full Name (Last, First, Middle Initial) Air Line Pilots Assoc. PAC		Date of Receipt
	Mailing Address 1625 Massachusetts Ave. NW		<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d
	City State Zip Code Washington DC 20036		<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
	FEC ID number of contributing federal political committee. C C00035451		Transaction ID: 90407.C129356
Name of Employer Occupation		Amount of Each Receipt this Period	1500.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Election Cycle-to-Date ▼		1500.00	

C.	Full Name (Last, First, Middle Initial) American Association for Justice PAC		Date of Receipt
	Mailing Address (AAJ PAC) 777 6th St., NW, Suite 200		<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d
	City State Zip Code Washington DC 20001		<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
	FEC ID number of contributing federal political committee. C C00024521		Transaction ID: 90407.C129354
Name of Employer Occupation		Amount of Each Receipt this Period	1000.00
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Election Cycle-to-Date ▼		1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 6 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address (BANKPAC)
1120 Connecticut Ave. NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90407.C129345

Amount of Each Receipt this Period
2500.00

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

B. Full Name (Last, First, Middle Initial)
American College of Radiology Assoc. PAC

Mailing Address (ACRa)
1891 Preston White Drive

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 90407.C129302

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street, N.W., Ste. 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90407.C129343

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 70
(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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) American Occupational Therapy		Date of Receipt
	Mailing Address Assoc., Inc. PAC (AOTPAC) 4720 Montgomery Lane		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bethesda	MD	20824
	FEC ID number of contributing federal political committee.		Transaction ID: 90407.C129344
	C C00089086		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1000.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) American Society of Pension		Date of Receipt
	Mailing Address Professionals & Actuaries PAC (ASP) 4245 N. Fairfax Dr., Suite 750		<input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Arlington	VA	22203-1620
	FEC ID number of contributing federal political committee.		Transaction ID: 90407.C129056
	C C00333104		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1000.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Americans For The Arts Action Fund PAC		Date of Receipt
	Mailing Address 1000 Vermont Ave., NW, Ste. 600		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: 90407.C129299
	C C00410126		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="500.00"/>
Receipt For: 2010		Election Cycle-to-Date ▼	Receipt
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
BAE Systems Inc. USA PAC

Mailing Address 1300 N. 17th Street

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. C C00281212

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 06 / 2009

Transaction ID: 90407.C129140

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Brotherhood of Locomotive Engineers

Mailing Address and Trainmen PAC Fund
1370 Ontario St.

City State Zip Code
Cleveland OH 44113-1702

FEC ID number of contributing federal political committee. C C00099234

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 90407.C129357

Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
Cablevision Systems Corp. PAC

Mailing Address Elizabeth Losinski
1111 Stewart Avenue

City State Zip Code
Bethpage NY 11714

FEC ID number of contributing federal political committee. C C00197863

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 03 / 2009

Transaction ID: 90407.C129054

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 70

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Employees of Northrop Grumman Corp PAC

Mailing Address Steve Sutton
520 S. Grand Ave., Ste 700

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. C C00088591

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: 90407.C129371

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
FMR LLC PAC - Federal (Fidelity PAC)

Mailing Address 82 Devonshire Street

City Boston State MA Zip Code 02109

FEC ID number of contributing federal political committee. C C00380550

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 90407.C129295

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
HEARPAC of Hearing Ind. Assoc.

Mailing Address 1444 I St. NW, Suite 700

City Washington State DC Zip Code 20005-6542

FEC ID number of contributing federal political committee. C C00437798

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 90407.C129297

Amount of Each Receipt this Period 1000.00

Receipt
 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 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
IBEW COPE

Mailing Address Edwin Hill
900 Seventh Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 03 / 30 / 2009
Transaction ID: 90407.C129340
 Amount of Each Receipt this Period 5000.00

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

B. Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Mailing Address 1615 L St. N.W., Ste. 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2009
Transaction ID: 90407.C129355
 Amount of Each Receipt this Period 1000.00

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

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

Mailing Address Independent Insurance Agents of Am
412 First St., SE, Suite 300

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90407.C129296
 Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Intl Brotherhood of Boilermakers-

Mailing Address Blacksmiths Legislative Ed Fund
753 State Avenue, Suite 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 3 / 2 0 0 9

Transaction ID: 90407.C129058

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
Intl Union of Operating Engineers/

Mailing Address Engineers Pol Education Comm(EPEC)
1125 Seventeenth St. NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90407.C129341

Amount of Each Receipt this Period
5000.00

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

C. Full Name (Last, First, Middle Initial)
ITT Corporation PAC

Mailing Address 4 West Red Oak Lane

City White Plains State NY Zip Code 10604

FEC ID number of contributing federal political committee. **C** C00141002

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 90407.C129304

Amount of Each Receipt this Period
2500.00

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

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Massachusetts Mutual Life Ins Co. PAC
Mailing Address 1295 State Street
City Springfield State MA Zip Code 01111-0001
FEC ID number of contributing federal political committee. **C** C00118943
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 06 / 2009
Transaction ID: 90407.C129141
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mortgage Bankers PAC
Mailing Address 1919 Pennsylvania Avenue, NW
City Washington State DC Zip Code 20006-3438
FEC ID number of contributing federal political committee. **C** C00004812
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 30 / 2009
Transaction ID: 90407.C129346
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nasdaq Stock Market Inc.
Mailing Address Political Action Committee
80 Merritt Blvd.
City Trumbull State CT Zip Code 06611-5436
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 03 / 2009
Transaction ID: 90407.C129057
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 13 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
National Multi Housing Council PAC

Mailing Address 1850 M Street, NW
Suite 540

City Washington State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2009
Transaction ID: 90407.C129055
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
NCPA Pac

Mailing Address (National Community Pharmacists)
100 Daingerfield Road

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90407.C129298
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Oral and Maxillofacial Surgery

Mailing Address Political Action Committee
9700 W. Bryn Mawr Avenue

City Des Plaines State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90407.C129303
 Amount of Each Receipt this Period 1000.00

Receipt
 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 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Verizon Communications Inc.

Mailing Address Good Governmet Club
1717 Arch Street, 47-S

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: 90407.C129301

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	51000.00

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

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

FOR LINE NUMBER: PAGE 15 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Saleem Ahmad

Mailing Address 913 Little Whaleneck Road

City State Zip Code
East Meadow NY 11554

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2009

Transaction ID: 90407.C129367

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Shahriyour Andaz

Mailing Address 1135 Crestline Place

City State Zip Code
Seaford NY 11783-1517

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2009

Transaction ID: 90407.C129369

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Rao Anumolu

Mailing Address 6 Windmill Court

City State Zip Code
Smithtown NY 11787-2224

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

Name of Employer Information Requested Occupation Information Requested
ASR Intl Corp. Management

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2009

Transaction ID: 90407.C128687

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 70

(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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Daniel Aronson

Mailing Address 490 E. Prospect Avenue

City State Zip Code
Mount Vernon NY 10553-1120

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CDC Management Corp. Accountant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 13 / 2009

Transaction ID: 90407.C128282

Amount of Each Receipt this Period 500.00

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

B.

Full Name (Last, First, Middle Initial)
Saeed Bajwa

Mailing Address 160 Howells Road

City State Zip Code
Bay Shore NY 11706

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90407.C129368

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
Carol Berman

Mailing Address 42 Lord Ave.

City State Zip Code
Lawrence NY 11559-1324

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
NY State Commissioner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 02 / 2009

Transaction ID: 90407.C129030

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Susan Block-Casdin

Mailing Address 131 E. 66th St., Apt. 10D

City State Zip Code
New York NY 10065-6129

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

Name of Employer Self Occupation
Philanthropist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 90407.C128975

Amount of Each Receipt this Period
2400.00

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

B. Full Name (Last, First, Middle Initial)
Susan Block-Casdin

Mailing Address 131 E. 66th St., Apt. 10D

City State Zip Code
New York NY 10065-6129

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

Name of Employer Self Occupation
Philanthropist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 90407.C128974

Amount of Each Receipt this Period
2400.00

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

C. Full Name (Last, First, Middle Initial)
Debra Bryant

Mailing Address 612 4th Place SW

City State Zip Code
Washington DC 20024-2720

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

Name of Employer The Ferguson Group, LLC Occupation
Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: 90407.C129294

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 5300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Jeanne Campbell

Mailing Address 380 North Mountain Ave

City Montclair State NJ Zip Code 07043-1427

FEC ID number of contributing federal political committee. C

Name of Employer Self - Employed Occupation Writer/ Photographer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2009

Transaction ID: 90407.C128825

Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Alexander Casdin

Mailing Address Casdin Advisors, LLC
130 East 59th St., 11th Fl.

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. C

Name of Employer Cooper Hill Partners LLC Occupation Managing Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 90407.C128972

Amount of Each Receipt this Period 2400.00

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

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

Mailing Address Casdin Advisors, LLC
130 East 59th St., 11th Fl.

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. C

Name of Employer Cooper Hill Partners LLC Occupation Managing Partner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt MM / DD / YYYY
02 / 26 / 2009

Transaction ID: 90407.C128973

Amount of Each Receipt this Period 2400.00

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

SUBTOTAL of Receipts This Page (optional) 5300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) Stephen Clark</p> <p>Mailing Address 9273 Lerwick Drive</p> <p>City State Zip Code Dublin OH 43017-9492</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested Occupation Information Requested</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 23 / 2009</p> <p>Transaction ID: 90407.C129291</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Joan Cooney</p> <p>Mailing Address 810 Fifth Ave., PH</p> <p>City State Zip Code New York NY 10065-7270</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 02 / 18 / 2009</p> <p>Transaction ID: 90407.C128405</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Donna Dees-Thomases</p> <p>Mailing Address 1 Irving Place, Apt. V9f</p> <p>City State Zip Code New York NY 10003-9713</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Public Relations</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 02 / 02 / 2009</p> <p>Transaction ID: 90210.C128092</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) Per Ellingsen</p> <p>Mailing Address 30 E. Gate Road</p> <p>City State Zip Code Lloyd Harbor NY 11743-1606</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Transmarine Chartering In- c. Occupation Shipbroker</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9</p> <p>Transaction ID: 90407.C128223</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Lois England</p> <p>Mailing Address 2832 Chain Bridge Rd. NW</p> <p>City State Zip Code Washington DC 20016-3406</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9</p> <p>Transaction ID: 90407.C128868</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Janice Enright</p> <p>Mailing Address 1300 Connecticut Ave. NW Suite 600</p> <p>City State Zip Code Washington DC 20036</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Ickes & Enright Group Occupation Lobbyist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9</p> <p>Transaction ID: 90407.C129286</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Barbara Fife

Mailing Address 25 Central Park W., Apt. 15R

City State Zip Code
New York NY 10023-7208

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

Name of Employer Occupation
Baruch College Administrator

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2009

Transaction ID: 90407.C129108

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
Peggy Fullmer

Mailing Address 530-33 Ridgeway Dr.

City State Zip Code
Aurora OH 44202-9133

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

Name of Employer Occupation
None Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 20 / 2009

Transaction ID: 90407.C128774

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Glass

Mailing Address 2069 Baldwin Court

City State Zip Code
Merrick NY 11566-5046

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

Name of Employer Occupation
Lehman Brothers Inc. Investment Banker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 18 / 2009

Transaction ID: 90407.C128385

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Sarah Glickenhaus

Mailing Address 100 Dorchester Road

City State Zip Code
Scarsdale NY 10583-6051

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

Name of Employer Self Employed/Retired
Occupation Speech Therapist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 250.00

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

B. Full Name (Last, First, Middle Initial)
Laurie Goldstein

Mailing Address 515 E 89th St., Apt. 5G

City State Zip Code
New York NY 10128-7911

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

Name of Employer Information Requested
Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 200.00

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

C. Full Name (Last, First, Middle Initial)
Frederick Graefe

Mailing Address 319 Constitution Ave. NE

City State Zip Code
Washington DC 20002-5913

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

Name of Employer Self
Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3) 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 Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) Gerald Haase</p> <p>Mailing Address 5655 S. Grape Court</p> <p>City State Zip Code Greenwood Village CO 80121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Premier Micronutrient Chief Medical Officer</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2009</p> <p>Transaction ID: 90407.C129290</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Linda Hartig</p> <p>Mailing Address 180 Otter Rock Dr.</p> <p>City State Zip Code Greenwich CT 06830-7030</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2009</p> <p>Transaction ID: 90407.C129114</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) William Helsell</p> <p>Mailing Address 10653 Culpepper Ct. NW</p> <p>City State Zip Code Seattle WA 98177</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2009</p> <p>Transaction ID: 90407.C128319</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 70
(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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Barbara Hohlt

Mailing Address 40 East 10th Street, PH C

City State Zip Code
New York NY 10003-6200

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

Name of Employer Occupation
NYs Against Gun Violence Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: 90210.C128091

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Harold Ickes

Mailing Address c/o The Ickes & Enright Group
1300 Connecticut Ave., NW

City State Zip Code
Washington DC 20036-1703

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

Name of Employer Occupation
The Ickes & Enright Group Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: 90407.C129287

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Audrey Jackson

Mailing Address 2381 Benjamin Court

City State Zip Code
Rocklin CA 95765-4630

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

Name of Employer Occupation
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 90407.C129257

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70

(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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Robert Kenny

Mailing Address 2 Johns Hollow Rd.

City State Zip Code
Setauket NY 11733-1614

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2009

Transaction ID: 90407.C128411

Amount of Each Receipt this Period 250.00

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

B.

Full Name (Last, First, Middle Initial)
Noor Khan

Mailing Address First Medical
72 New High Park Rd.

City State Zip Code
Franklin Square NY 11010

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1800.00

Date of Receipt MM / DD / YYYY
03 / 08 / 2009

Transaction ID: 90407.C129182

Amount of Each Receipt this Period 1800.00

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

C.

Full Name (Last, First, Middle Initial)
Noor Khan

Mailing Address First Medical
72 New High Park Rd.

City State Zip Code
Franklin Square NY 11010

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt MM / DD / YYYY
03 / 08 / 2009

Transaction ID: 90407.C129181

Amount of Each Receipt this Period 2400.00

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

SUBTOTAL of Receipts This Page (optional) 4450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Clay Kirk

Mailing Address 320 East 72nd St. Apt. 5C

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Investment Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 02 / 2009

Transaction ID: 90407.C129048

Amount of Each Receipt this Period 1500.00

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

B. Full Name (Last, First, Middle Initial)
Ronald Konecky

Mailing Address 248 E. 68th Street

City State Zip Code
New York NY 10021-6001

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
03 / 23 / 2009

Transaction ID: 90407.C129283

Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Sandra Laspina

Mailing Address 171 Scudder Avenue

City State Zip Code
Northport NY 11768-2920

FEC ID number of contributing federal political committee. C

Name of Employer Nassau Cty Coal. Against DV Occupation
Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
03 / 10 / 2009

Transaction ID: 90407.C129196

Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) 1950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 70
(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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Marsha Laufer

Mailing Address 178 Old Field Road

City State Zip Code
Setauket NY 11733-1636

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

Name of Employer None Occupation political volunteer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 90407.C129271

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Henry Levine

Mailing Address 422 St. Johns Place

City State Zip Code
Franklin Square NY 11010-2022

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

Name of Employer Tishman Construction Corp. of Occupation Laborer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 2 / 2 0 0 9

Transaction ID: 90407.C128207

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Joyce MacBeth

Mailing Address P.O. Box 265

City State Zip Code
Willow AK 99688-0265

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

Name of Employer None Occupation Retired Teacher

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 9

Transaction ID: 90407.C129008

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **2450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 70
	<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Amelia Maiello

Mailing Address 81 Old House Lane

City State Zip Code
Port Washington NY 11050

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: 90407.C129195

Amount of Each Receipt this Period
200.00

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

B.

Full Name (Last, First, Middle Initial)
Marilyn Monter

Mailing Address 421 Berry Hill Rd.

City State Zip Code
Syosset NY 11791-1117

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

Name of Employer Holiday Mgmt. Assoc. Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 11 / 2009

Transaction ID: 90407.C128095

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Henriette Montgomery

Mailing Address 31 East 79th Street 6/E

City State Zip Code
New York NY 10075-0164

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 18 / 2009

Transaction ID: 90407.C128410

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Kate Moss

Mailing Address 1626 Foxhall Road NW

City Washington State DC Zip Code 20007

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

Name of Employer Self Occupation legis. consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90407.C129289
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Javed Mushtag

Mailing Address 356 Rockaway Pkwy.

City Valley Stream State NY Zip Code 11580

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90407.C129366
 Amount of Each Receipt this Period 300.00

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

C. Full Name (Last, First, Middle Initial)
Nina Naqvi

Mailing Address 785 Edgewood Drive

City Westbury State NY Zip Code 11590-5409

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 03 / 08 / 2009
Transaction ID: 90407.C129178
 Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Jeffrey Nemerov

Mailing Address Segan, Nemerov and Singer, P.C.
112 Madison Avenue

City State Zip Code
New York NY 10016

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

Name of Employer Segan Nemerov and Singer, P.C. Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: 90407.C128663

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 201 C Street SE

City State Zip Code
Washington DC 20003-1910

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

Name of Employer David OBrien & Associates Occupation Lobbyist/Consultant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: 90407.C129285

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
John ODonnell

Mailing Address 4622 Davenport St., NW

City State Zip Code
Washington DC 20016

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

Name of Employer Murray, Montgomery & ODonnell Occupation Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 03 / 2009

Transaction ID: 90407.C129053

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Franklin Phifer

Mailing Address 3502 Whitehaven Pkwy. NW

City Washington State DC Zip Code 20007-2253

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

Name of Employer Hecht, Spencer & Assoc. Occupation Sr. VP

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90407.C129293
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Sharon Pikus

Mailing Address 5 Lavenders Court

City Manhasset State NY Zip Code 11030

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

Name of Employer Self-Employed Occupation Real Estate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009
Transaction ID: 90407.C129305
 Amount of Each Receipt this Period 250.00

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

C. Full Name (Last, First, Middle Initial)
Jacqueline Plumez

Mailing Address 90 Beechtree Drive

City Larchmont State NY Zip Code 10538-1202

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

Name of Employer Self Occupation Psychologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 02 / 19 / 2009
Transaction ID: 90407.C128667
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 70
	<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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Stuart Polisner

Mailing Address 141 Oakside Dr.

City State Zip Code
Smithtown NY 11787

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

Name of Employer Occupation
Self-Employed Pediatric Orthopedist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

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

B. Full Name (Last, First, Middle Initial)
Monte Redman

Mailing Address 69 Third Street

City State Zip Code
Garden City NY 11530-4311

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

Name of Employer Occupation
Tourette Syndrome Assoc. Chairman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

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

C. Full Name (Last, First, Middle Initial)
Khalida Rehman

Mailing Address 711 Brightwater Ct., Apt. 1F

City State Zip Code
Brooklyn NY 11235

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 70
(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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Diana Rich Segal

Mailing Address 909 W. Webster Avenue

City State Zip Code
Chicago IL 60614-3617

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 9

Transaction ID: 90407.C128671

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Rita Richman

Mailing Address 5757 Gulf of Mexico Dr., No. 218

City State Zip Code
Longboat Key FL 34228-1714

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90407.C129352

Amount of Each Receipt this Period
250.00

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

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

Mailing Address 623 Lake Avenue

City State Zip Code
Greenwich CT 06830

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

Name of Employer Equinox Capital Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90407.C129339

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 70
	<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Phyllis Sanders		Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 9 Copperfield Lane		Transaction ID: 90407.C129227
	City Old Westbury	State NY	Zip Code 11568
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Sanders Sanders Block	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Stanley Sanders		Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 9 Copperfield Ln		Transaction ID: 90407.C129225
	City Old Westbury	State NY	Zip Code 11568
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Self-Employed	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Stanley Sanders		Date of Receipt MM / DD / YYYY 03 / 12 / 2009
	Mailing Address 9 Copperfield Ln		Transaction ID: 90407.C129226
	City Old Westbury	State NY	Zip Code 11568
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Self-Employed	Occupation Attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 70

(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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Michelle Schimel

Mailing Address 19 Baker Hill Road

City State Zip Code
Great Neck NY 11023-1434

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
New York State Assemblywoman

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2009

Transaction ID: 90407.C128818

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Roberta Schneiderman

Mailing Address 203 E. 72nd St., Apt. 17C

City State Zip Code
New York NY 10021-4551

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
None Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2009

Transaction ID: 90407.C128949

Amount of Each Receipt this Period
500.00

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

C.

Full Name (Last, First, Middle Initial)
Mohammad Shafi

Mailing Address 29 Sleepy Lane

City State Zip Code
Hicksville NY 11801-6300

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2009

Transaction ID: 90407.C129174

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) 950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Sajid Shah
 Mailing Address 369 Woodbury Road
 City State Zip Code
 Woodbury NY 11797-1201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2009
Transaction ID: 90407.C129176
 Amount of Each Receipt this Period
 200.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Marilyn Sheffield
 Mailing Address 12 Hearth Lane
 City State Zip Code
 Westbury NY 11590-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 11 / 2009
Transaction ID: 90407.C128147
 Amount of Each Receipt this Period
 300.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Carrie Solages
 Mailing Address Solages & Solages Attorneys at Law
 92 Willis Avenue
 City State Zip Code
 Mineola NY 11501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Solages & Solages Occupation Partner
 Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2009
Transaction ID: 90407.C129180
 Amount of Each Receipt this Period
 1000.00
 Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ 500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Full Name (Last, First, Middle Initial)
Solages & Solages Attorneys at Law
Mailing Address 92 Willis Avenue

City Mineola State NY Zip Code 11501-2611

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 08 / 2009
Transaction ID: 90407.C129179
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Wade Thompson
Mailing Address 4 E. 66th Street

City New York State NY Zip Code 10065-6548

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

Name of Employer Occupation
Thor Industries Inc. Executive

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 02 / 13 / 2009
Transaction ID: 90407.C128547
 Amount of Each Receipt this Period: 2000.00

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

C. Full Name (Last, First, Middle Initial)
Polly Victor
Mailing Address 5515 N. Fresno St., Apt. 213

City Fresno State CA Zip Code 93710-8338

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

Name of Employer Occupation
None Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 02 / 18 / 2009
Transaction ID: 90407.C128490
 Amount of Each Receipt this Period: 500.00

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

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) Ellen Violet</p> <p>Mailing Address 230 E. 50th Street</p> <p>City State Zip Code New York NY 10022-7702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation writer</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 02 / 24 / 2009</p> <p>Transaction ID: 90407.C128869</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Robert Walsh</p> <p>Mailing Address 123 Edgewood Ave.</p> <p>City State Zip Code Clifton NJ 07012-1514</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None</p> <p>Occupation Retired</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt 02 / 19 / 2009</p> <p>Transaction ID: 90407.C128636</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Matthew Ward</p> <p>Mailing Address 502 S. Samuel Street</p> <p>City State Zip Code Charles Town WV 25414-1342</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 23 / 2009</p> <p>Transaction ID: 90407.C129288</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) Hazel Weiser</p> <p>Mailing Address 18 Morris Lane</p> <p>City State Zip Code Oyster Bay NY 11771</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Business Owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2009</p> <p>Transaction ID: 90407.C129335</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) John Winburn</p> <p>Mailing Address 428 New Jersey Ave. SE</p> <p>City State Zip Code Washington DC 20003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Palmetto Group Occupation Lobbyist</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2009</p> <p>Transaction ID: 90407.C129300</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Diane Wohl</p> <p>Mailing Address 141 Heather Lane</p> <p>City State Zip Code Mill Neck NY 11765</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Real Estate Prop Management</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2009</p> <p>Transaction ID: 90407.C129292</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 70
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) Margaret Wright</p> <p>Mailing Address 4604 Stoneleigh Court</p> <p>City State Zip Code Rockville MD 20852</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Music Teacher</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9</p> <p>Transaction ID: 90407.C128106</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) George Zalantis</p> <p>Mailing Address 55 Medford Road</p> <p>City State Zip Code Staten Island NY 10304-3217</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9</p> <p>Transaction ID: 90407.C128328</p> <p>Amount of Each Receipt this Period 300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Gerald Zeller</p> <p>Mailing Address 15 W 72nd St., Apt. 28B</p> <p>City State Zip Code New York NY 10023-3472</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer None Occupation Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9</p> <p>Transaction ID: 90407.C128948</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	54200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 70
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Pakistan American Democratic Club NY

Mailing Address 337 Randall Avenue

City State Zip Code
Elmont NY 11003

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 90407.C129370

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 70
	<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"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial) Cablevision of L.I.		Date of Receipt MM / DD / YYYY 01 / 22 / 2009
Mailing Address One Media Crossways		Transaction ID: 90126.C128082
City Woodbury	State NY	Zip Code 11797-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 213.54
Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 213.54	

B.

Full Name (Last, First, Middle Initial) Hillary Clinton For President		Date of Receipt MM / DD / YYYY 01 / 27 / 2009
Mailing Address Exploratory Committee 420 Lexington Ave, Ste 3030		Transaction ID: 90210.C128085
City New York	State NY	Zip Code 10170-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2008	Election Cycle-to-Date ▼ 2000.00	

NOTE: 12/08 excess contrib ref

SUBTOTAL of Receipts This Page (optional)	▶	2213.54
TOTAL This Period (last page this line number only)	▶	2213.54

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
American Express

Transaction ID: 90407.E6096
Date of Disbursement

Mailing Address P.O. Box 1270

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Newark State NJ Zip Code 07101-1270

Amount of Each Disbursement this Period

2879.85

Purpose of Disbursement
See Below

Category/Type

Candidate Name

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) ▼

SEE BELOW

State: District:

B.

Full Name (Last, First, Middle Initial)
Bobby Vans Steakhouse

Transaction ID: 90407.E6101
Date of Disbursement

Mailing Address 809 15th Street, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period

1277.14

Purpose of Disbursement
Food & Beverage- CC

Category/Type

Candidate Name

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) ▼

[MEMO ITEM]

MEMO: FOOD & BEVERAGE- CC

State: District:

C.

Full Name (Last, First, Middle Initial)
Delta Airlines

Transaction ID: 90407.E6099
Date of Disbursement

Mailing Address Pennsylvania Ave

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period

413.22

Purpose of Disbursement
Airline Tickets- Credit Card

Category/Type

Candidate Name

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) ▼

[MEMO ITEM]

MEMO: AIRLINE TICKETS- CREDIT CARD

State: District:

SUBTOTAL of Disbursements This Page (optional)

2879.85

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Mineola Postmaster	Transaction ID: 90407.E6098 Date of Disbursement 01 / 29 / 2009
	Mailing Address 160 1st Street	Amount of Each Disbursement this Period 5.90
	City Mineola State NY Zip Code 11501-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage- Credit Card Candidate Name	[MEMO ITEM] MEMO: POSTAGE- CREDIT CARD
	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) ▼	

B.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: 90407.E6100 Date of Disbursement 01 / 29 / 2009
	Mailing Address 30 Ivy Street	Amount of Each Disbursement this Period 403.76
	City Washington State DC Zip Code 20003-4071	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverage- CC Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE- CC
	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) ▼	

C.	Full Name (Last, First, Middle Initial) New York Deli	Transaction ID: 90407.E6102 Date of Disbursement 01 / 29 / 2009
	Mailing Address 40 Washington Ave. NE	Amount of Each Disbursement this Period 339.90
	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 Food & Beverage- CC Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE- CC
	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)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Poland Springs Water

Mailing Address 215 6661 Dixie Hwy Ste 4

City State Zip Code
Louisville KY 40258-

Purpose of Disbursement
Water- CC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6105
Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

31.39

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

[MEMO ITEM]

MEMO: WATER- CC

B.

Full Name (Last, First, Middle Initial)
Ruths Chris Restaurant

Mailing Address Old Country Road

City State Zip Code
Garden City NY 11530-

Purpose of Disbursement
Food & Beverage- CC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6104
Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

230.05

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE- CC

C.

Full Name (Last, First, Middle Initial)
The St. James

Mailing Address Second Street

City State Zip Code
Mineola NY 11501-

Purpose of Disbursement
Food & Beverage- CC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6103
Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

35.49

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE- CC

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Westy Storage Center	Transaction ID: 90407.E6097 Date of Disbursement 01 / 29 / 2009
	Mailing Address 65 West John Street	Amount of Each Disbursement this Period 126.00
	City Hicksville State NY Zip Code 11801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage- Credit Card Payment Candidate Name	[MEMO ITEM] MEMO: STORAGE- CREDIT CARD PAYMENT
	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) ▼	

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: 90407.E6107 Date of Disbursement 02 / 20 / 2009
	Mailing Address P.O. Box 1270	Amount of Each Disbursement this Period 2790.91
	City Newark State NJ Zip Code 07101-1270	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See Below Candidate Name	SEE BELOW
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: 90407.E6110 Date of Disbursement 02 / 20 / 2009
	Mailing Address Pennsylvania Ave	Amount of Each Disbursement this Period 14.55
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Baggage Fee- CC Candidate Name	[MEMO ITEM] MEMO: BAGGAGE FEE- CC
	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)	▶	2790.91
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
George Martin Restaurant

Mailing Address 65 N. Park Avenue

City State Zip Code
Rockville Centre NY 11570-

Purpose of Disbursement
Food & Beverage cc

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6114
Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

649.61

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE CC

B.

Full Name (Last, First, Middle Initial)
Legal Seafoods

Mailing Address Roosevelt Food

City State Zip Code
Garden City NY 11530-

Purpose of Disbursement
Food & Beverage- CC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6115
Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

127.43

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE- CC

C.

Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy Street

City State Zip Code
Washington DC 20003-4071

Purpose of Disbursement
Food & Beverage cc

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6113
Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

507.76

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGE CC

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Poland Springs Water	Transaction ID: 90407.E6116 Date of Disbursement 02 / 20 / 2009
	Mailing Address 215 6661 Dixie Hwy Ste 4	Amount of Each Disbursement this Period 31.11
	City Louisville State KY Zip Code 40258-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Water-CC Candidate Name	[MEMO ITEM] MEMO: WATER-CC
	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) ▼	

B.	Full Name (Last, First, Middle Initial) Slyvester Management Corporation	Transaction ID: 90407.E6109 Date of Disbursement 02 / 20 / 2009
	Mailing Address P.O. Box 986	Amount of Each Disbursement this Period 998.00
	City Irmo State SC Zip Code 29063-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FEC Conference Fees- CC Candidate Name	[MEMO ITEM] MEMO: FEC CONFERENCE FEES-CC
	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) ▼	

C.	Full Name (Last, First, Middle Initial) The Monocle on Capital Hill	Transaction ID: 90407.E6112 Date of Disbursement 02 / 20 / 2009
	Mailing Address 107 D Street, NE	Amount of Each Disbursement this Period 325.70
	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 Food & Beverage- CC Candidate Name	[MEMO ITEM] MEMO: FOOD & BEVERAGE- CC
	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)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 199 Jericho Turnpike City Mineola State NY Zip Code 11501- Purpose of Disbursement Federal Withholding Tax 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: 90130.E6043 Date of Disbursement 01 / 14 / 2009 Amount of Each Disbursement this Period 1322.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEDERAL WITHHOLDING TAX
B.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 199 Jericho Turnpike City Mineola State NY Zip Code 11501- Purpose of Disbursement Federal Withholding Tax 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: 90130.E6041 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 349.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEDERAL WITHHOLDING TAX
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address 199 Jericho Turnpike City Mineola State NY Zip Code 11501- Purpose of Disbursement Federal Withholding Tax 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: 90130.E6042 Date of Disbursement 01 / 27 / 2009 Amount of Each Disbursement this Period 168.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEDERAL WITHHOLDING TAX

SUBTOTAL of Disbursements This Page (optional) ▶

1840.76

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 199 Jericho Turnpike</p> <p>City Mineola State NY Zip Code 11501-</p> <p>Purpose of Disbursement Federal Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90407.E6061</p> <p>Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 6635.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEDERAL WITHHOLDING TAX</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 199 Jericho Turnpike</p> <p>City Mineola State NY Zip Code 11501-</p> <p>Purpose of Disbursement Federal Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90407.E6074</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1706.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEDERAL WITHHOLDING TAX</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address 199 Jericho Turnpike</p> <p>City Mineola State NY Zip Code 11501-</p> <p>Purpose of Disbursement Bank Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90407.E6086</p> <p>Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 145.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>BANK FEES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8488.08

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 199 Jericho Turnpike <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6087 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 5.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	BANK FEE

B. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 199 Jericho Turnpike <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Federal Withholding Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6075 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 426.30
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	FEDERAL WITHHOLDING TAX

C. Full Name (Last, First, Middle Initial) Bank of America <hr/> Mailing Address 199 Jericho Turnpike <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6120 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	BANK FEES

SUBTOTAL of Disbursements This Page (optional) ▶	436.30
TOTAL This Period (last page this line number only) ▶	(Empty)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Beth Foster Consultants LLC Mailing Address 2102 W. 49th Street City Minneapolis State MN Zip Code 55409- Purpose of Disbursement fundraising consultant 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: 90407.E6067 Date of Disbursement 02 / 20 / 2009 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 FUNDRAISING CONSULTANT
B.	Full Name (Last, First, Middle Initial) Big Sky Copywriting, Inc. Mailing Address 6710 Linda Vista Blvd. City Missoula State MT Zip Code 59803- Purpose of Disbursement direct mail 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: 90407.E6062 Date of Disbursement 02 / 20 / 2009 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 DIRECT MAIL
C.	Full Name (Last, First, Middle Initial) Cablevision of L.I. Mailing Address One Media Crossways City Woodbury State NY Zip Code 11797- Purpose of Disbursement Cable Service 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: 90130.E6037 Date of Disbursement 01 / 02 / 2009 Amount of Each Disbursement this Period 113.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

4613.47

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Cablevision of L.I. Mailing Address One Media Crossways City Woodbury State NY Zip Code 11797- Purpose of Disbursement Cable Service 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: 90210.E6048 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 121.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
B.	Full Name (Last, First, Middle Initial) Cablevision of L.I. Mailing Address One Media Crossways City Woodbury State NY Zip Code 11797- Purpose of Disbursement Cable Service 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: 90407.E6063 Date of Disbursement 02 / 20 / 2009 Amount of Each Disbursement this Period 117.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE SERVICE
C.	Full Name (Last, First, Middle Initial) CHS Mailing Mailing Address 12006 Old Baltimore Pike City Beltsville State MD Zip Code 20705- Purpose of Disbursement direct mail 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: 90210.E6049 Date of Disbursement 02 / 02 / 2009 Amount of Each Disbursement this Period 5934.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional) ▶

6174.47

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
David Andrukitis, Inc.

Transaction ID: 90210.E6047
Date of Disbursement

Mailing Address 50 E Street SE

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

487.14

Purpose of Disbursement
Printing

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PRINTING

State: District:

B.

Full Name (Last, First, Middle Initial)
Dennis Fatigati, Inc.

Transaction ID: 90130.E6039
Date of Disbursement

Mailing Address 226 Huntington Bay Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	9

City Huntington State NY Zip Code 11743-

Amount of Each Disbursement this Period

1419.70

Purpose of Disbursement
Printing Absentee Ballot Mailing

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PRINTING ABSENTEE BALLOT
MAILING

State: District:

C.

Full Name (Last, First, Middle Initial)
Diversified Acquired Solutions

Transaction ID: 90407.E6089
Date of Disbursement

Mailing Address 49 Landing Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	0	9

City Smithtown State NY Zip Code 11787-

Amount of Each Disbursement this Period

228.95

Purpose of Disbursement
Credit Cards Processing Fees

Category/ Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CREDIT CARDS PROCESSING
FEES

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2135.79

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

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
East Williston Florist

Mailing Address East Williston Ave

City East Williston State NY Zip Code 11596-

Purpose of Disbursement
flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 90407.E6065

Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

72.24

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

FLOWERS

B.

Full Name (Last, First, Middle Initial)
Erickson & Company, Inc

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
fundraising & consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 90130.E6040

Date of Disbursement

01 / 04 / 2009

Amount of Each Disbursement this Period

3586.16

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

FUNDRAISING & CONSULTING

C.

Full Name (Last, First, Middle Initial)
Erickson & Company, Inc

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
fundraising consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 90210.E6050

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

3582.34

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

FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)

7240.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Erickson & Company, Inc Mailing Address 38 Ivy Street, SE City Washington State DC Zip Code 20003- Purpose of Disbursement fundraising consulting 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: 90407.E6064 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 3561.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING
B.	Full Name (Last, First, Middle Initial) Flanzig & Flanzig, LLP Mailing Address 323 Willis Avenue City Mineola State NY Zip Code 11501- Purpose of Disbursement Rent 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: 90130.E6036 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
C.	Full Name (Last, First, Middle Initial) Flanzig & Flanzig, LLP Mailing Address 323 Willis Avenue City Mineola State NY Zip Code 11501- Purpose of Disbursement Rent 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: 90407.E6066 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

SUBTOTAL of Disbursements This Page (optional)	4861.29
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Flanzig & Flanzig, LLP <hr/> Mailing Address 323 Willis Avenue <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6077 Date of Disbursement 03 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 650.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
B.	Full Name (Last, First, Middle Initial) Herald Community Newspapers <hr/> Mailing Address 2 Endo Blvd. <hr/> City Garden City State NY Zip Code 11530- <hr/> Purpose of Disbursement Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E6038 Date of Disbursement 01 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 149.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD
C.	Full Name (Last, First, Middle Initial) Linemark Printing <hr/> Mailing Address 1220 Caraway Court, Suite 1040 <hr/> City Largo State MD Zip Code 20774- <hr/> Purpose of Disbursement direct mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6068 Date of Disbursement 02 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 4183.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional) ▶

4982.29

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Margaret May Mailing Address 151 Linden Rd City Mineola State NY Zip Code 11501- Purpose of Disbursement Payroll 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: 90130.E6034 Date of Disbursement 01 / 02 / 2009 Amount of Each Disbursement this Period 1172.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B.	Full Name (Last, First, Middle Initial) Margaret May Mailing Address 151 Linden Rd City Mineola State NY Zip Code 11501- Purpose of Disbursement Payroll 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: 90130.E6033 Date of Disbursement 01 / 16 / 2009 Amount of Each Disbursement this Period 1191.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
C.	Full Name (Last, First, Middle Initial) Margaret May Mailing Address 151 Linden Rd City Mineola State NY Zip Code 11501- Purpose of Disbursement Payroll 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: 90210.E6059 Date of Disbursement 01 / 30 / 2009 Amount of Each Disbursement this Period 1191.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	3554.40
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A. Full Name (Last, First, Middle Initial) Margaret May <hr/> Mailing Address 151 Linden Rd <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6090 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1191.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL
	Category/Type
B. Full Name (Last, First, Middle Initial) Margaret May <hr/> Mailing Address 151 Linden Rd <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6091 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1191.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL
	Category/Type
C. Full Name (Last, First, Middle Initial) Margaret May <hr/> Mailing Address 151 Linden Rd <hr/> City Mineola State NY Zip Code 11501- <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90407.E6092 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1191.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL
	Category/Type

SUBTOTAL of Disbursements This Page (optional)	3573.30
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Margaret May Mailing Address 151 Linden Rd City Mineola State NY Zip Code 11501- Purpose of Disbursement Payroll 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: 90407.E6117 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 1191.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	
B.	Full Name (Last, First, Middle Initial) Mary Ellen Mendelsohn Mailing Address 5 Bevin Rd City Northport State NY Zip Code 11768- Purpose of Disbursement Payroll 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: 90130.E6032 Date of Disbursement 01 / 14 / 2009 Amount of Each Disbursement this Period 9344.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	
C.	Full Name (Last, First, Middle Initial) Mary Ellen Mendelsohn Mailing Address 5 Bevin Rd City Northport State NY Zip Code 11768- Purpose of Disbursement Payroll 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: 90210.E6060 Date of Disbursement 01 / 30 / 2009 Amount of Each Disbursement this Period 1064.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	11600.36
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Mary Ellen Mendelsohn	Transaction ID: 90407.E6093 Date of Disbursement 02 / 27 / 2009
	Mailing Address 5 Bevin Rd	Amount of Each Disbursement this Period 1791.15
	City Northport State NY Zip Code 11768-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	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) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Mary Ellen Mendelsohn	Transaction ID: 90407.E6118 Date of Disbursement 03 / 30 / 2009
	Mailing Address 5 Bevin Rd	Amount of Each Disbursement this Period 1781.15
	City Northport State NY Zip Code 11768-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	Category/Type
	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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Mineola Postmaster	Transaction ID: 90407.E6070 Date of Disbursement 02 / 10 / 2009
	Mailing Address 160 1st Street	Amount of Each Disbursement this Period 400.00
	City Mineola State NY Zip Code 11501-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement direct mail expense Candidate Name	Category/Type
	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) ▼
		DIRECT MAIL EXPENSE

SUBTOTAL of Disbursements This Page (optional)	3972.30
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Mineola Postmaster

Mailing Address 160 1st Street

City Mineola State NY Zip Code 11501-9998

Purpose of Disbursement
BRM Postage Permit #19

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90407.E6078
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	9	9

Amount of Each Disbursement this Period

200.00

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

BRM POSTAGE PERMIT #19

B.

Full Name (Last, First, Middle Initial)
Mineola Postmaster

Mailing Address 160 1st Street

City Mineola State NY Zip Code 11501-9998

Purpose of Disbursement
BRM Postage Permit #19

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90407.E6079
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	9	9

Amount of Each Disbursement this Period

200.00

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

BRM POSTAGE PERMIT #19

C.

Full Name (Last, First, Middle Initial)
New York State Income Tax

Mailing Address Processing Unit
P.O. Box 3969

City New York State NY Zip Code 10008-3969

Purpose of Disbursement
NYS Withholding

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90130.E6044
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	9	9

Amount of Each Disbursement this Period

211.20

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

NYS WITHHOLDING

SUBTOTAL of Disbursements This Page (optional)

611.20

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) New York State Income Tax	Transaction ID: 90130.E6046 Date of Disbursement
	Mailing Address Processing Unit P.O. Box 3969	<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10008-3969	Amount of Each Disbursement this Period <input type="text" value="1128.71"/>
	Purpose of Disbursement NYS Withholding Tax	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/ Type
	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) ▼
		NYS WITHHOLDING TAX

B.	Full Name (Last, First, Middle Initial) New York State Income Tax	Transaction ID: 90130.E6045 Date of Disbursement
	Mailing Address Processing Unit P.O. Box 3969	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10008-3969	Amount of Each Disbursement this Period <input type="text" value="155.95"/>
	Purpose of Disbursement NYS Withholding Tax	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/ Type
	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) ▼
		NYS WITHHOLDING TAX

C.	Full Name (Last, First, Middle Initial) New York State Income Tax	Transaction ID: 90407.E6080 Date of Disbursement
	Mailing Address Processing Unit P.O. Box 3969	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City New York State NY Zip Code 10008-3969	Amount of Each Disbursement this Period <input type="text" value="110.60"/>
	Purpose of Disbursement NYS Withholding Tax	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	Category/ Type
	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) ▼
		NYS WITHHOLDING TAX

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1395.26"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) New York State Income Tax</p> <p>Mailing Address Processing Unit P.O. Box 3969</p> <p>City New York State NY Zip Code 10008-3969</p> <p>Purpose of Disbursement NYS Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90407.E6081 Date of Disbursement 02 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 330.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>NYS WITHHOLDING TAX</p>
<p>B. Full Name (Last, First, Middle Initial) Judith Roche</p> <p>Mailing Address 59 Woodbine Dr. E.</p> <p>City Hicksville State NY Zip Code 11801-6049</p> <p>Purpose of Disbursement Clerical Work</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E6035 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 407.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CLERICAL WORK</p>
<p>C. Full Name (Last, First, Middle Initial) Judith Roche</p> <p>Mailing Address 59 Woodbine Dr. E.</p> <p>City Hicksville State NY Zip Code 11801-6049</p> <p>Purpose of Disbursement Clerical Work</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90210.E6058 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 64.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CLERICAL WORK</p>

SUBTOTAL of Disbursements This Page (optional)	801.75
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.	Full Name (Last, First, Middle Initial) Judith Roche Mailing Address 59 Woodbine Dr. E. City Hicksville State NY Zip Code 11801-6049 Purpose of Disbursement Clerical Work 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: 90407.E6082 Date of Disbursement 02 / 27 / 2009 Amount of Each Disbursement this Period 481.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CLERICAL WORK
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address 2310 Jericho Turnpike City New Hyde Park State NY Zip Code 11040- 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: 90210.E6053 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 144.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Staples Mailing Address 2310 Jericho Turnpike City New Hyde Park State NY Zip Code 11040- 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: 90407.E6071 Date of Disbursement 02 / 20 / 2009 Amount of Each Disbursement this Period 70.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

695.69

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Stockton Inc.

Transaction ID: 90210.E6054
Date of Disbursement

Mailing Address 7940 Cessna Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	0	9

City Gaithersburg State MD Zip Code 20879-4125

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Direct Mail

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

DIRECT MAIL

State: District:

B.

Full Name (Last, First, Middle Initial)
UPS

Transaction ID: 90210.E6055
Date of Disbursement

Mailing Address P.O. Box 4980

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Hagerstown State MD Zip Code 21747-

Amount of Each Disbursement this Period

23.00

Purpose of Disbursement
Postage

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

POSTAGE

State: District:

C.

Full Name (Last, First, Middle Initial)
UPS

Transaction ID: 90407.E6072
Date of Disbursement

Mailing Address P.O. Box 4980

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

City Hagerstown State MD Zip Code 21747-

Amount of Each Disbursement this Period

23.59

Purpose of Disbursement
Postage

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

POSTAGE

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2546.59

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<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 Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: 90210.E6056
Date of Disbursement

Mailing Address P.O. Box 15124

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

City Albany State NY Zip Code 12212-5124

Amount of Each Disbursement this Period

165.13

Purpose of Disbursement
phone service
Candidate Name

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) ▼

PHONE SERVICE

B.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: 90407.E6073
Date of Disbursement

Mailing Address P.O. Box 15124

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

City Albany State NY Zip Code 12212-5124

Amount of Each Disbursement this Period

167.02

Purpose of Disbursement
phone service
Candidate Name

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) ▼

PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ►

332.15

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

75526.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 70

<input 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 checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A.

Full Name (Last, First, Middle Initial)
Friends of Trustee Wayne Hall, Jr.

Mailing Address 1 Old Country Rd., Ste. 430

City State Zip Code
Carle Place NY 11514-

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90407.E6095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

<p>A. Full Name (Last, First, Middle Initial) International Union of Op. Eng.</p>		<p>Transaction ID: 90407.E6083 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	7	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	7	/	2	0	0	9													
<p>Mailing Address Local 30 115-06 Myrtle Avenue</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	500.00																			
500.00																						
<p>City Richmond Hill State NY Zip Code 11418-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Excess</p>																					
<p>Candidate Name LOCAL 30 INTERNATIONAL UNION OF OPERATING ENGINEERS POLITICAL ACTION COMMITTEE</p>		<p>Category/Type 010</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						
<p>B. Full Name (Last, First, Middle Initial) U. A. Political Education Committee</p>		<p>Transaction ID: 90407.E6084 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	7	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	7	/	2	0	0	9													
<p>Mailing Address Martin J. Maddaloni 901 Massachusetts Avenue, NW</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	2000.00																			
2000.00																						
<p>City Washington State DC Zip Code 20001-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Excess</p>																					
<p>Candidate Name UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE</p>		<p>Category/Type 010</p>																				
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					
<p>State: District:</p>																						

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00
2500.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00
2500.00			

Image# 29991917524

Form/Schedule: **F3N**

Transaction ID:

As per my conversation with your representative, I have put the refund of the excessive contribution that our committee made to Hillary Clinton For President Exploratory Committee in Dec 2008 on line 14
