

— Friends of —
Maurice Hinchey

RECEIVED
FEC MAIL ROOM

2000 JUL 18 P 12:17

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

14 July 2000

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

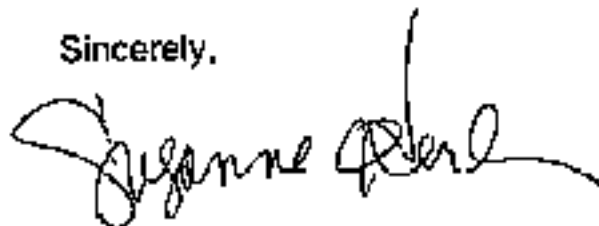
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

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

Dear Sir or Madam:

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

Sincerely,



Susanne Herl
Assistant Treasurer

Enclosure

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

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



REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 18 P 12:17

USE FEC MAILING LABEL OR TYPE OR PRINT

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

4. TYPE OF REPORT

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

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

SUMMARY

5. Covering Period <u>4/1/00</u> through <u>6/30/00</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$89,177.58	\$136,136.58
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$89,177.58	\$135,886.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$42,559.21	\$61,409.73
(b) Total Offsets to Operating Expenditures (from Line 14)	\$5,966.71	\$8,227.86
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$36,592.50	\$53,181.87
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$182,671.46	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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 G and/or Schedule D)	\$0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susanne Herl	Date 7/14/00
Signature of Treasurer 	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Friends of Maurice Hinchey	From: 4/1/00	To: 6/30/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	\$39,500.00	
(ii) Unitemized	\$20,827.58	
(iii) Total of contributions from individuals	\$60,327.58	\$87,686.58
(b) Political Party Committees	\$0.00	\$600.00
(c) Other Political Committees (such as PACs)	\$28,850.00	\$47,850.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (ii), (c) and (d))	\$89,177.58	\$136,136.58
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$5,986.71	\$8,777.88
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$740.84	\$1,487.83
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$95,885.13	\$145,832.27
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$42,559.21	\$81,408.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$250.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$250.00
21. OTHER DISBURSEMENTS	\$3,000.00	\$4,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$45,559.21	\$85,658.73
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	132,345.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	95,885.13
25. SUBTOTAL (add Line 23 and Line 24)	\$	228,230.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	45,559.21
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	182,671.46

REMARKS:

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 1 OF 12
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellery Akers 1592 Union NBR 211 San Francisco, CA 94123	Self	5/18/00	\$900.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer/Teacher Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Ellery Akers 1592 Union NBR 211 San Francisco, CA 94123	Self	5/18/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer/Teacher Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code Charles Andola 210 South Street Highland, NY 12528	United Apple Sales, Inc.	6/27/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner/President Aggregate Year-to-Date > \$	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code Judith Arfa 10395 Stone Ridge Blvd Boca Raton, FL 33498	Self	6/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Bill Arnold 1755 Seaton Place NW Suite 1117 Washington, DC 20009	AIDS National Network, Inc.	4/7/00	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$	\$400.00	
F. Full Name, Mailing Address and ZIP Code Thomas W. Ara 12 E 49th St 24th Fl New York, NY 10017	Alpha Hospitality	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Matthew Bender 6 Lower Sage Hill Lane Albany, NY 12204	Self	5/5/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$	\$300.00	

SUBTOTAL of Receipts This Page (optional) \$3,950.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 2 OF 12
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Berman 2 River Road Woodridge, NY 12789	Monticello Raceway Occupation Co-Owner	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Berman 51 Ryan Court New Windsor, NY 12553	Self Occupation Entrepreneur	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W.L. Bernhard 430 Park Ave Ste 600 New York, NY 10022	Self Occupation Foundation Executive	6/28/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph E. Bernstein 886 Fifth Avenue New York, NY 10021	Americas Tower Partners Occupation Executive	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph J. Bernstein 77 E 77th St New York, NY 10021	Americas Tower Partners Occupation Executive	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Bernstein Ferry 5042 Theell Road Rye, NY 10580	 Occupation Retired	4/19/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Brauntstein 101 Glasco Turnpike Woodstock, NY 12498	Markartek Occupation Owner	6/29/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 3 OF 12
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray Bresky Lakeland Drive South Fallsburg, NY 12779	MB Consultants	6/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Haniel B. Britain 135 Warren Road Ithaca, NY 14850		8/30/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Priscilla Browning One Pleasant Grove Lane Ithaca, NY 14850		4/11/00	\$175.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Priscilla Browning One Pleasant Grove Lane Ithaca, NY 14850		4/11/00	\$75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Priscilla Browning One Pleasant Grove Lane Ithaca, NY 14850		6/30/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilman Burke 845 West End Ave. Apt. 14A New York, NY 10025-8435	Satterlee, Stephens, Burke & Burke	6/8/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doreen G.F. Chan 217-15 Peck Avenue Hollis Hills Queens, NY 11427-1117	East-West Integrated Care Center	4/7/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Acupuncturist	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$1,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 4 OF 12
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alexander Cortesi 629 Park Avenue New York, NY 10021	Self	5/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Consultant	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Erika Cutler 300 S Broadway #6J Tarrytown, NY 10591		6/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Cutler 300 S Broadway #6J Tarrytown, NY 10591	Tollman Hundley Hotels	6/30/00	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joan Davidson 780 Midwood Woods Road Germantown, NY 12526		6/26/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Degliomini 100 Garden City Plaza Suite 40B Garden City, NY 11530	Yellow T, Inc.	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cliff Ehrlich c/o Pines Hotel Laurel Avenue South Fallsburg, NY 12779	Monticello Raceway	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Elston 4186 Dodgewood Road Bronx, NY 10421	Self	6/29/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Environmentalist	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 5 OF 12
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey 000272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herbert Feinberg 149 Madison Avenue 4th Floor New York, NY 10016	I. Appel Corporation	6/28/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman	Aggregate Year-to-Date > \$	\$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martha Feger P.O. Box 8 Dryden, NY 13053		6/29/00	\$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara Finberg 185 East 72nd Street Apt. 19L New York, NY 10021	Carnegie Corp. of NY	6/23/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Fleisher 730 Ft Washington Ave #5J New York, NY 10040	DLI Communications	5/16/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public Relations	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Noam Franklin 1411 S Utah St #4 Salt Lake City, UT 84104-3415		5/31/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sanford Freedman Freedman Associates 630 Fifth Avenue New York, NY 10111	Self	6/30/00	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	\$750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Agnes Gund 765 Park Avenue New York, NY 10021	Museum of Modern Art	5/1/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President of Board	Aggregate Year-to-Date > \$	\$500.00

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (look page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 6 OF 12
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Joan S. Hundley Oregon Place Bedford, NY 10506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Homemaker	6/30/00	\$1,000.00
Aggregate Year-to-Date > \$		\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Andre Jagendorf 455 Savage Farm Drive Ithaca, NY 14850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Retired	8/29/00	\$75.00
Aggregate Year-to-Date > \$		\$225.00	
C. Full Name, Mailing Address and ZIP Code Andre Jagendorf 455 Savage Farm Drive Ithaca, NY 14850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Retired	6/16/00	\$75.00
Aggregate Year-to-Date > \$		\$225.00	
D. Full Name, Mailing Address and ZIP Code Charles Johnston Box 717 Roscoe, NY 12776 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Executive	6/23/00	\$200.00
Aggregate Year-to-Date > \$		\$500.00	
E. Full Name, Mailing Address and ZIP Code Henry Jordan 1465 Horseshoe Trail Chester Springs, PA 19425 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Executive	5/5/00	\$250.00
Aggregate Year-to-Date > \$		\$250.00	
F. Full Name, Mailing Address and ZIP Code Peter A. Joseph 4730 Fieldston Road Bronx, NY 10471 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Private Investor	5/18/00	\$1,000.00
Aggregate Year-to-Date > \$		\$1,000.00	
G. Full Name, Mailing Address and ZIP Code Scott Kaniewski 2412 Central Park Avenue Evanston, IL 60201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Executive	6/30/00	\$1,000.00
Aggregate Year-to-Date > \$		\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$3,600.00

TOTAL This Period (Just page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 7 OF 12
FOR LINE NUMBER 11(a)(i)

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

NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Robert N. Kaplan, Esq. 805 Third Ave 22nd Fl New York, NY 10022	Name of Employer Kaplan, Kilshalmer & Fox LLP	Date (month, day, year) 5/3/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code Richard J. Kilshelmer, Esq. 805 Third Ave 22nd Fl New York, NY 10022	Name of Employer Kaplan, Kilshelmer & Fox LLP	Date (month, day, year) 5/3/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Victor Kovner 27 W. 67th St. New York, NY 10023	Name of Employer Davis Wright Tremaine	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code Donald Landis 14 Colonial Road White Plains, NY 10605	Name of Employer Self	Date (month, day, year) 4/19/00	Amount of Each Receipt this Period \$250.00
	Occupation Personal Investments Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Randy Lee 260 Christopher Lane Staten Island, NY 10314	Name of Employer Lee & Anitzs LLP	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00
F. Full Name, Mailing Address and ZIP Code Seth Lipsay 48 Merrivale Road Great Neck, NY 11020	Name of Employer Rackson Strategic Ventures Part	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Managing Director Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Barney McHenry 184 E. 72nd Street New York, NY 10021	Name of Employer	Date (month, day, year) 5/10/00	Amount of Each Receipt this Period \$250.00
	Occupation Retired Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) **\$3,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 8 OF 12
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth McLafferty 103 Needham Place Ithaca, NY 14850		6/30/00	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,000.00
Elizabeth McLafferty 103 Needham Place Ithaca, NY 14850		6/30/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$1,000.00
Heidi Nitze 1 West 72nd Street Apt. 96 New York, NY 10023		5/10/00	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
Heidi Nitze 1 West 72nd Street Apt. 96 New York, NY 10023		5/10/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
Ron Nyswaner 29 Maddaloni Rd. Hurley, NY 12443		6/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Writer	Aggregate Year-to-Date > \$	\$750.00
Richard L. Ottinger 818 The Crescent Mamaroneck, NY 10543-4532		5/1/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pace University	Occupation Professor	Aggregate Year-to-Date > \$
Sydney Pollack 10202 W Washington Blvd David Lean Bldg #119 Culver City, CA 90232		6/29/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mirage Enterprises	Occupation Producer/Director	Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional) \$2,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 9 OF 12
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey CD0272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Salerno 441 River Road Newburgh, NY 12550	Healthcare Associates	5/16/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$	\$1,000.00
Nancy Salerno 441 River Road Newburgh, NY 12550		5/16/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$500.00
Pam Schaffer 10 Gracia Sq #11E/12E New York, NY 10028		5/16/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$500.00
Toshi Seeger Box 431 Beacon, NY 12508		5/18/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$250.00
Martin Shahda PO Box 159 New Paltz, NY 12561	Syosset Locksmith	6/29/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggregate Year-to-Date > \$	\$300.00
Irving Shapiro 56 Willey Avenue Liberty, NY 12754		6/23/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	\$500.00
Steven H. Shepsman 107 Station Great Neck, NY 11021	Ernst & Young	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) \$3,450.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate entries for each category of the Detailed Summary Page

PAGE 10 OF 12
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Al Sherb 52 Thompsonville Rd. Monticello, NY 12701	Kutscher Country Club	6/26/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Accountant	Aggregate Year-to-Date > \$	\$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Al Sherb 52 Thompsonville Rd. Monticello, NY 12701	Kutscher Country Club	5/3/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Accountant	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Snowden 186 Riverside Drive, 10F New York, NY 10024	Self	6/21/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Theatrical Producer	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Springer Oldaker & Harris LLP 818 CT Ave NW Ste 1100 Washington, DC 20006	Oldaker & Harris LLP	6/27/00	\$150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Partner	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Springer Oldaker & Harris LLP 818 CT Ave NW Ste 1100 Washington, DC 20006	Oldaker & Harris LLP	4/19/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Partner	Aggregate Year-to-Date > \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edmund A. Stanley, Jr. PO Box 75 Oxford, MD 21654-0075		5/16/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired	Aggregate Year-to-Date > \$	\$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan Stern 38 Park Road Scarsdale, NY 10583		5/1/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Volunteer	Aggregate Year-to-Date > \$	\$250.00

SUBTOTAL of Receipts This Page (optional) \$1,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 11 OF 12
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Straus 1018 Old Ford Road New Paltz, NY 12561-2617	SUNY/ NYC Occupation Professor	4/11/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
Julien Studley 300 Park Avenue New York, NY 10021	J.J. Studley, Inc. Occupation President	6/28/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
Morad Tahbaz 28 Broad Street Weston, CT 06883	Catskill Development Occupation Executive	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
Yvonne Tasker Rothenberg 216 Oakmont Drive De Witt, NY 13214-1534	Retired Occupation Retired	8/30/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,100.00	
Brett Tollman 465 Park Avenue New York, NY 10022	Tollman Hundley Hotels Occupation Owner	6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
James Troy 309 Conklin Forks Rd Conklin, NY 13748-1825	Information requested Occupation Best efforts made	8/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
Sidney Unger 76 Hartsdale Avenue White Plains, NY 10605	Retired Occupation Retired	8/29/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	

SUBTOTAL of Receipts This Page (optional) \$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 12 OF 12
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William vendan Mauriel 812 Park Avenue New York, NY 10021	Allen & Co. Occupation Investment Banker	8/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melva Wade 45 Hornbeck Lane Accord, NY 12404	 Occupation Retired	8/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Worth 1220 Park Avenue New York, NY 10128	 Occupation Retired	5/10/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	 Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	 Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	 Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	 Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$2,000.00

TOTAL This Period (last page this line number only) \$39,500.00

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 1 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code Action Comm for Rural Electrification 4301 Wilson Boulevard Arlington, VA 22203-1860 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/27/00	\$1,000.00
Aggregate Year-to-Date >		6	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Agri-Mark LEC PO Box 5800 Lawrence, MA 01842 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/27/00	\$500.00
Aggregate Year-to-Date >		\$	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Amer Nursery & Landscape Assoc 1250 I Street NW Ste 500 Washington, DC 20005-3922 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/8/00	\$500.00
Aggregate Year-to-Date >		\$	\$500.00
D. Full Name, Mailing Address and ZIP Code Amer Postal Workers Union, AFL-CIO 1300 L Street, NW Washington, DC 20005 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/21/00	\$1,000.00
Aggregate Year-to-Date >		6	\$1,000.00
E. Full Name, Mailing Address and ZIP Code American Express PAC 801 Pennsylvania Avenue NW Suite 650 Washington, DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/27/00	\$500.00
Aggregate Year-to-Date >		3	\$500.00
F. Full Name, Mailing Address and ZIP Code American Maritime Officers, AFL-CIO 650 4th Avenue Brooklyn, NY 11232 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/27/00	\$500.00
Aggregate Year-to-Date >		4	\$1,000.00
G. Full Name, Mailing Address and ZIP Code American Trial Lawyers Assoc PAC 1050 - 31st Street, NW Washington, DC 20007 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	6/28/00	\$3,000.00
Aggregate Year-to-Date >		6	\$4,000.00

SUBTOTAL of Receipts This Page (optional) \$7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 2 OF 6
FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Association of Flight Attendants PAC 1275 K Street, NW Suite 500 Washington, DC 20005		6/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carpenters (CLIC) 101 Constitution Avenue NW Washington, DC 20001		6/30/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Community Bankers Assoc NYS-PAC PO Box 325 Grand Central Station New York, NY 10163		6/21/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Credit Union Legislative Action Council 805 15th Street NW Suite 300 Washington, DC 20005-2207		6/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dairy Farmers of America PAC PO Box 909700 Kansas City, MO 64190-9700		6/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farm Credit PAC 50 F Street, NW Suite 900 Washington, DC 20001		6/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Farm Credit PAC 50 F Street, NW Suite 900 Washington, DC 20001		6/8/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00

SUBTOTAL of Receipts This Page (optional) **\$4,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federal Managers Assn. PAC 1641 Prince Street Alexandria, VA 22314		5/23/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Citrus Mutual PAC PO Box 89 Lakeland, FL 33802-		6/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Human Rights Campaign Fund PAC 1101 14th Street, NW Suite 200 Washington, DC 20005		6/27/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l Bro. Of Electrical Workers - COPE 1125 15th Street, NW Washington, DC 20005		6/26/00	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l Bro. Of Electrical Workers - COPE 1125 15th Street, NW Washington, DC 20005		6/6/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Int'l Bro. Of Electrical Workers - COPE 1125 15th Street, NW Washington, DC 20005		6/26/00	\$2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manufactured Housing Institute PAC 2101 Wilson Blvd. Suite 610 Arlington, VA 22201-3082		6/21/00	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,000.00

SUBTOTAL of Receipts This Page (optional) **\$7,600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 4 OF 6
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat'l Assoc of Fed Credit Unions PAC PO Box 3789 Washington, DC 20007		8/27/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat'l Assoc of Postmasters for the U.S. PAC 8 Herbert Street Alexandria, VA 22305-2600		5/31/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat'l Comm For An Effective Congress 122 C Street, NW Suite 850 Washington, DC 20001-	* In-Kind: Lists	8/20/00	\$2,500.00 *
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$2,500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat'l Comm to Protect SS & Medicare-PAC 10 G Street, Suite 600 Washington, DC 20002-4215		6/30/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat'l League of Postmasters 1023 N. Royal Street Alexandria, VA 22314		6/6/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nat'l Telephone Coop Assoc (TECO) 2625 Pennsylvania Ave., NW Washington, DC 20037-1695		6/6/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Milk Producers Federation 2101 Wilson Blvd Ste 400 Arlington, VA 22201-		6/6/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$	\$500.00

SUBTOTAL of Receipts This Page (optional) \$5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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

PAGE 5 OF 6
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code Paul Magliocchetti Associates PAC 1755 Jefferson Davis Highway Suite 1107 Arlington, VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	6/6/00	\$500.00
Aggregate Year-to-Date > \$		\$1,000.00	
B. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Avenue Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	4/14/00	\$750.00
Aggregate Year-to-Date > \$		\$1,250.00	
C. Full Name, Mailing Address and ZIP Code Realtors PAC 430 N. Michigan Avenue Chicago, IL 60611 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	6/27/00	\$500.00
Aggregate Year-to-Date > \$		\$1,250.00	
D. Full Name, Mailing Address and ZIP Code Responsible Citizens Political League 3 Research Place Rockville, MD 20850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	6/27/00	\$500.00
Aggregate Year-to-Date > \$		\$500.00	
E. Full Name, Mailing Address and ZIP Code Sierra Club PC 408 C Street, NE Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	6/8/00	\$500.00
Aggregate Year-to-Date > \$		\$1,500.00	
F. Full Name, Mailing Address and ZIP Code Sierra Club PC 408 C Street, NE Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	6/27/00	\$500.00
Aggregate Year-to-Date > \$		\$1,500.00	
G. Full Name, Mailing Address and ZIP Code Society of American Florists PAC 1601 Duke Street Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	6/6/00	\$500.00
Aggregate Year-to-Date > \$		\$1,000.00	

SUBTOTAL of Receipts This Page (optional) \$3,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

Use separate schedules for each category of the Detailed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER 11(c)

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

NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272533

A. Full Name, Mailing Address and ZIP Code United Auto Workers V CAP 1757 N Street, NW Washington, DC 20036	Name of Employer Occupation	Date (month, day, year) 6/27/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code WATERPAC 2915 S 13th Duncan, OK 73533-	Name of Employer Occupation	Date (month, day, year) 6/6/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$1,000.00
TOTAL This Period (last page this line number only)	\$28,850.00

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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

NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AT&T Business Service PO Box 371302 Pittsburgh, PA 15250	Refund	6/29/00	\$5.42
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5.42
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DNC Travel Offset Account 430 S. Capitol St., SF Washington, DC 20003	Travel expense refund	5/23/00	\$5,461.29
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$5,461.29
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NYSDC Victory '2000 60 Madison Ave New York, NY 10010	uncashed check	5/2/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$5,966.71

TOTAL This Period (last page this line number only) \$5,966.71

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

Other Receipts

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

NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Water Savings Bank 280 Wall Street Kingston, NY 12401	* Interest	8/29/00	\$740.84
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,467.83
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) \$740.84

TOTAL This Period (last page this line number only) \$740.84

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
1 10
FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Printing & Office 562 Broadway Kingston, NY 12401	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	\$1,383.51
Bell Atlantic/NYNEX P.O. Box 15124 Albany, NY 12250	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/00	\$185.48
Bell Atlantic/NYNEX P.O. Box 15124 Albany, NY 12250	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	\$193.04
Bell Atlantic/NYNEX P.O. Box 15124 Albany, NY 12250	Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/00	\$145.45
Campaign Finance Consultants 503 Capitol Court, Ste. 100 Washington, DC 20002	Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$3,198.11
Cantrell/Cutter Printing 1789 Olive St. Capital Heights, MD 20743	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$504.43
Catskill Arts & Office Supply 114-118 Smith St. Kingston, NY 12401	Office Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$31.23
Catskill Arts & Office Supply 114-118 Smith St. Kingston, NY 12401	Office Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/00	\$7.11
Daily Freeman 79 Hurley Avenue Kingston, NY 12401	Advertising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/00	\$250.00

SUBTOTAL of Disbursements This Page (optional)

\$5,898.36

TOTAL This Period (see page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **10**
FOR LINE NUMBER **17**

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 South Capitol St. Washington, DC 20003	Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/00	\$5,000.00
B. Full Name, Mailing Address and ZIP Code Dixon Media Group 2030 M Street NW #520 Washington, DC 20036	Purpose of Disbursement Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	\$4,000.00
C. Full Name, Mailing Address and ZIP Code Fort Orange Press 11 Sand Creek Rd. Albany, NY 12201	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/00	\$409.82
D. Full Name, Mailing Address and ZIP Code GTE Mastercard PO Box 142289 Irving, TX 75014	Purpose of Disbursement Travel Expense - Seminar Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/00	\$915.63
E. Full Name, Mailing Address and ZIP Code Harris Services, Inc. 413 Calvert Avenue Alexandria, VA 22301	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$536.48
F. Full Name, Mailing Address and ZIP Code Kingswood Equities 1010 Northern Blvd. Great Neck, NY 11021	Purpose of Disbursement Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$285.00
G. Full Name, Mailing Address and ZIP Code Kingswood Equities 1010 Northern Blvd. Great Neck, NY 11021	Purpose of Disbursement Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/00	\$285.00
H. Full Name, Mailing Address and ZIP Code Kingswood Equities 1010 Northern Blvd. Great Neck, NY 11021	Purpose of Disbursement Office Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/00	\$285.00
I. Full Name, Mailing Address and ZIP Code David Lenefaky 277 Park Avenue 47th Floor New York, NY 10172	Purpose of Disbursement Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$447.00

SUBTOTAL of Disbursements This Page (optional)

\$12,103.83

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 10
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Levine/McEvoy Fundraising Consultants 18 E. 16th Street New York, NY 10003	Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$1,425.00
Levine/McEvoy Fundraising Consultants 18 E. 16th Street New York, NY 10003	Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/22/00	\$886.61
Lisa Brill 1501 High Falls Rd. Catskill, NY 12414	Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/00	\$536.77
Nat'l Comm For An Effective Congress 122 C Street, NW Suite 650 Washington, DC 20001-	Lists Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$2,500.00 * In-kind received
National Democratic Club 30 Ivy St. Washington, DC 20003	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$773.51
National Democratic Club 30 Ivy St. Washington, DC 20003	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/00	\$12.50
National Democratic Club 30 Ivy St. Washington, DC 20003	Catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/00	\$12.50
NetCampaign 2012 National Press Building Washington, DC 20045	Campaign Consultant Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	\$1,000.00
NGP Software Inc. 5440 Nevada Ave. NW Washington, DC 20051	Campaign Consultant Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/00	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$8,148.89

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 10
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northwest Airlines Detroit Metro Airport Detroit, MI 48242	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/17/00	\$800.00
NY Marriott Marquis 1535 Broadway New York, NY 10038	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/00	\$648.41
NYS Income Tax W. A. Harriman Campus Albany, NY 12227-0134	Wage Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$123.00
NYS Income Tax W. A. Harriman Campus Albany, NY 12227-0134	Wage Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$51.50
NYS Income Tax W. A. Harriman Campus Albany, NY 12227-0134	Wage Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/00	\$51.50
NYSDC Victory '2000 60 Madison Ave New York, NY 10010	Ticket - Replace uncashed cho Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/00	MEMO \$500.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/30/00	533.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/00	\$7.27
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$5.62

SUBTOTAL of Disbursements This Page (optional)

\$1,720.30

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 10
FOR LINE NUMBER 17

Operating Expenditures

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

NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$64.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$396.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$112.20
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/26/00	\$166.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	\$83.50
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/00	\$66.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/00	\$41.70
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/00	\$40.40
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/23/00	\$12.52

SUBTOTAL of Disbursements This Page (optional) \$981.32

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 10
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/00	\$55.87
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/21/00	\$35.25
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/20/00	\$36.50
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/00	\$1,440.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$7.27
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/00	\$66.00
Postmaster 50 Main Street Kingston, NY 12401	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$164.64
Premier National Bank PO Box 7000 Fishkill, NY 12524	Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$57.36
Premier National Bank PO Box 7000 Fishkill, NY 12524	Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$5.67

SUBTOTAL of Disbursements This Page (optional) **\$1,868.66**

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 10
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premier National Bank PO Box 7000 Fishkill, NY 12524	Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/00	\$64.50
Premier National Bank PO Box 7000 Fishkill, NY 12524	Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$13.84
Premier National Bank PO Box 7000 Fishkill, NY 12524	Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/00	\$68.48
Premier National Bank PO Box 7000 Fishkill, NY 12524	Bank service charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$1.78
Public Policy & Education Fund 144 Henry Street Suite 4 Binghamton, NY 13901	Journal ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$250.00
Staples The Office Superstore 1399 Ulster Ave. Kingston, NY 12401	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/00	\$302.26
Staples The Office Superstore 1399 Ulster Ave. Kingston, NY 12401	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$48.88
Staples The Office Superstore 1309 Ulster Ave. Kingston, NY 12401	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/7/00	\$207.44
Staples The Office Superstore 1399 Ulster Ave. Kingston, NY 12401	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/00	\$121.53

SUBTOTAL of Disbursements This Page (optional)

\$1,188.71

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
B 1 10
FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sun Valley Printing 82 Castle Creek Road Binghamton, NY 13901	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/00	\$791.12
Sun Valley Printing 82 Castle Creek Road Binghamton, NY 13901	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/00	\$215.57
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/00	\$437.50
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/00	\$437.60
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/00	\$437.50
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/00	\$437.50

SUBTOTAL of Disbursements This Page (optional)

\$3,817.72

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 10
FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in full)

Friends of Maurice Hinchey C00272833

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/00	\$437.50
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$437.50
Susanne Herl 796 Murray Road Kingston, NY 12401	Benefits Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/14/00	\$144.69
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/00	\$437.50
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	\$437.50
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/00	\$287.01
Susanne Herl 796 Murray Road Kingston, NY 12401	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/9/00	\$437.50
U-Haul 2215 5th St NE Washington, DC 20002	Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/00	\$320.90
Ulster Savings Bank 280 Wall Street Kingston, NY 12401	Wage Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/00	\$919.00

SUBTOTAL of Disbursements This Page (optional)

\$3,859.10

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
10 10
FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in full)

Friends of Maurice Hinchay C00272833

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ulster Savings Bank 280 Wall Street Kingston, NY 12401	Wage Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/15/00	\$425.52
Ulster Savings Bank 280 Wall Street Kingston, NY 12401	Wage Withholding Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/00	\$531.90
Ulster First Ins. Co. 5981 Airport Rd. Oriskany, NY 13424	Office Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/00	\$283.31

SUBTOTAL of Disbursements This Page (optional)

\$1,220.73

TOTAL This Period (last page this line number only)

\$40,587.72

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

Other Disbursements

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

NAME OF COMMITTEE (in full)

Friends of Maurice Hinchey C00272633

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Assembly Campaign Committee 107 Washington Avenue Suite 1LL Albany, NY 12210	State Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/20/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Hon. Bart Stupak PO Box 143 Mnominon, MI 49858	Federal Contribution (MI-1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code NYS Democratic Committee 60 Madison Ave Ste 1201 New York, NY 10010	Journal ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/00	\$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) \$3,000.00

TOTAL This Period (last page (No line number only) \$3,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-14-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	7-18-00 DATE PREPARED