

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends of Carolyn McCarthy

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	736991.33
(b) Total Contribution Refunds (from Line 20(d))	0.00	18655.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	718336.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	66913.21	963109.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	191.45	7592.70
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66721.76	955516.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	286867.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Carolyn McCarthy

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	115337.50
(ii) Unitemized.....	0.00	396153.83
(iii) TOTAL of contributions from individuals ▶	0.00	511491.33
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	225500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	736991.33
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 Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	191.45	7592.70
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	9856.62	17955.20
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10048.07	762539.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	66913.21	963109.46
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2655.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	16000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18655.00
21. OTHER DISBURSEMENTS	25500.00	188300.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	92413.21	1170064.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	369232.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10048.07
25. SUBTOTAL (add Line 23 and Line 24).....	379280.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	92413.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	286867.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

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

Mailing Address 2335 Bell Blvd., Apt. 4-A

City Bayside State NY Zip Code 11360-2033

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **234.03**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2014

Transaction ID : 41005.C186330

Amount of Each Receipt this Period
53.92

Offsets to Operating Expenditu

B. Full Name (Last, First, Middle Initial)
J.M.C. Stone Corp.

Mailing Address 323 Willis Ave., Ste. 5

City Mineola State NY Zip Code 11501-1532

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **234.03**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 03 / 2014

Transaction ID : 40707.C186328

Amount of Each Receipt this Period
53.92

Offsets to Operating Expenditu

C. Full Name (Last, First, Middle Initial)
Kevin Sheerin

Mailing Address 323 Willis Avenue, Ste. 1

City Mineola State NY Zip Code 11501-

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

Name of Employer Occupation
 Self Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **234.03**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 03 / 2014

Transaction ID : 40707.C186327

Amount of Each Receipt this Period
53.92

Offsets to Operating Expenditu

SUBTOTAL of Receipts This Page (optional).....	161.76
TOTAL This Period (last page this line number only).....	161.76

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. Names In The News

Full Name (Last, First, Middle Initial)
Names In The News

Mailing Address 180 Grand Ave. Ste 1545

City State Zip Code
Oakland CA 94612-3799

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2926.69

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : 41005.C186329

Amount of Each Receipt this Period
2926.69

Other Receipt

NOTE: LRI usual & customary

B. Names In The News

Full Name (Last, First, Middle Initial)
Names In The News

Mailing Address 180 Grand Ave. Ste 1545

City State Zip Code
Oakland CA 94612-3799

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7721.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : 41005.C186331

Amount of Each Receipt this Period
4794.88

Other Receipt

NOTE: LRI usual & customary

C. Names In The News

Full Name (Last, First, Middle Initial)
Names In The News

Mailing Address 180 Grand Ave. Ste 1545

City State Zip Code
Oakland CA 94612-3799

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9856.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2014

Transaction ID : 41005.C186333

Amount of Each Receipt this Period
2135.05

Other Receipt

NOTE: LRI usual & customary

SUBTOTAL of Receipts This Page (optional).....

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

9856.62

9856.62

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Active Technologies		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 1023 Atlantic Avenue		Amount of Each Disbursement this Period 30.00
City Baldwin	State NY	
Zip Code 11510-	Purpose of Disbursement computer support	Transaction ID : 40707.E9212
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	COMPUTER SUPPORT
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 1949.31
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement See Below	Transaction ID : 40707.E9216
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) c. Uncle Bobs Storage		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 6467 Main Street		Amount of Each Disbursement this Period 136.00
City Buffalo	State NY	
Zip Code 14221-	Purpose of Disbursement Storage-CC	Transaction ID : 40707.E9217
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: STORAGE-CC
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1979.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20003-		Transaction ID : 40707.E9218
Purpose of Disbursement Software Maintenance-CC	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: SOFTWARE MAINTENANCE-CC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Monocle on Capital Hill		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 107 D Street, NE		Amount of Each Disbursement this Period 116.58
City Washington	State DC	
Zip Code 20002-		Transaction ID : 40707.E9220
Purpose of Disbursement Food and Beverage-CC	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: FOOD AND BEVERAGE-CC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 103.13
City Washington	State DC	
Zip Code 20003-4071		Transaction ID : 40707.E9221
Purpose of Disbursement Food and Beverage-CC	Category/Type	
Candidate Name		[MEMO ITEM] MEMO: FOOD AND BEVERAGE-CC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Poland Springs Water		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 215 6661 Dixie Hwy Ste 4		Amount of Each Disbursement this Period 34.90
City Louisville	State KY Zip Code 40258-	
Purpose of Disbursement Water-CC	Candidate Name	Transaction ID : 40707.E9222
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: WATER-CC

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 4812.81
City Newark	State NJ Zip Code 07101-1270	
Purpose of Disbursement See Below	Candidate Name	Transaction ID : 41005.E9262
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	SEE BELOW

Full Name (Last, First, Middle Initial) c. Uncle Bobs Storage		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 6467 Main Street		Amount of Each Disbursement this Period 272.00
City Buffalo	State NY Zip Code 14221-	
Purpose of Disbursement Storage-CC	Candidate Name	Transaction ID : 41005.E9263
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM] MEMO: STORAGE-CC

SUBTOTAL of Disbursements This Page (optional).....	4812.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

A. US Airways

Full Name (Last, First, Middle Initial)
Mailing Address LGA

City Flushing State NY Zip Code 11375-
Purpose of Disbursement Air Fare-CC
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Date of Disbursement
08 / 19 / 2014

Amount of Each Disbursement this Period
407.10

Transaction ID : 41005.E9264

[MEMO ITEM]
MEMO: AIR FARE-CC

B. The Monocle on Capital Hill

Full Name (Last, First, Middle Initial)
Mailing Address 107 D Street, NE

City Washington State DC Zip Code 20002-
Purpose of Disbursement Food and Beverage-CC
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Date of Disbursement
08 / 19 / 2014

Amount of Each Disbursement this Period
206.74

Transaction ID : 41005.E9265

[MEMO ITEM]
MEMO: FOOD AND BEVERAGE-CC

C. National Democratic Club

Full Name (Last, First, Middle Initial)
Mailing Address 30 Ivy Street SE

City Washington State DC Zip Code 20003-4071
Purpose of Disbursement Food and Beverage Assessment-CC
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
State: District:

Date of Disbursement
08 / 19 / 2014

Amount of Each Disbursement this Period
3246.88

Transaction ID : 41005.E9266

[MEMO ITEM]
MEMO: FOOD AND BEVERAGE ASSESSMENT-CC

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. The Boulevard Woodgrill		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 2901 Wilson Blvd		Amount of Each Disbursement this Period 209.52
City Arlington	State VA	
Zip Code 22201-	Purpose of Disbursement Food and Beverage	Transaction ID : 41005.E9270
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FOOD AND BEVERAGE
State: District:		

Full Name (Last, First, Middle Initial) B. Poland Springs Water		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 215 6661 Dixie Hwy Ste 4		Amount of Each Disbursement this Period 69.80
City Louisville	State KY	
Zip Code 40258-	Purpose of Disbursement Water-CC	Transaction ID : 41005.E9272
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: WATER-CC
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 90.00
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement membership fees-CC	Transaction ID : 41005.E9274
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEMBERSHIP FEES-CC
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 1845.68
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement See Below	Transaction ID : 41005.E9280
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period -30.00
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Membership Refund	Transaction ID : 41005.E9281
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEMBERSHIP REFUND
State: District:		

Full Name (Last, First, Middle Initial) c. Uncle Bobs Storage		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 6467 Main Street		Amount of Each Disbursement this Period 136.00
City Buffalo	State NY	
Zip Code 14221-	Purpose of Disbursement Storage-CC	Transaction ID : 41005.E9282
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: STORAGE-CC
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1845.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. E-ZPass Customer Service Center		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P.O. Box 149004		Amount of Each Disbursement this Period 25.00
City Staten Island	State NY	
Zip Code 10314-9004	Purpose of Disbursement Tolls-CC	Transaction ID : 41005.E9283
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TOLLS-CC
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address LGA		Amount of Each Disbursement this Period 118.10
City Flushing	State NY	
Zip Code 11375-	Purpose of Disbursement Air Fare-CC	Transaction ID : 41005.E9284
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: AIR FARE-CC
State: District:		

Full Name (Last, First, Middle Initial) C. Aristotle International, Inc		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 1500.00
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement Software Maintenance-CC	Transaction ID : 41005.E9285
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: SOFTWARE MAINTENCE-CC
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Poland Springs Water		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 215 6661 Dixie Hwy Ste 4		Amount of Each Disbursement this Period 34.90
City Louisville	State KY	
Zip Code 40258-	Purpose of Disbursement Water-CC	Transaction ID : 41005.E9287
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: WATER-CC
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 10.00
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Membership Fee-CC	Transaction ID : 41005.E9300
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: MEMBERSHIP FEE-CC
State: District:		

Full Name (Last, First, Middle Initial) c. Cablevision of L.I.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address P. O. Box 9256		Amount of Each Disbursement this Period 246.15
City Chelsea	State MA	
Zip Code 02150-9256	Purpose of Disbursement Cable Phone Internet	Transaction ID : 40707.E9214
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CABLE PHONE INTERNET
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	246.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Cablevision of L.I.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address P. O. Box 9256		Amount of Each Disbursement this Period 492.30
City Chelsea	State MA	
Zip Code 02150-9256	Purpose of Disbursement Cable Phone & Internet	Transaction ID : 41005.E9234
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CABLE PHONE & INTERNET
State: District:		

Full Name (Last, First, Middle Initial) B. Cablevision of L.I.		Date of Disbursement MM / DD / YYYY 09 / 22 / 2014
Mailing Address P. O. Box 9256		Amount of Each Disbursement this Period 246.15
City Chelsea	State MA	
Zip Code 02150-9256	Purpose of Disbursement Cable Phone Internet	Transaction ID : 41005.E9293
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CABLE PHONE INTERNET
State: District:		

Full Name (Last, First, Middle Initial) c. Fln Junk		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014
Mailing Address 535 S. Broadway, Ste. 205		Amount of Each Disbursement this Period 325.88
City Hicksville	State NY	
Zip Code 11801-	Purpose of Disbursement Rubbish Removal	Transaction ID : 41005.E9276
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	RUBBISH REMOVAL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1064.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Flanzig & Flanzig, LLP			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014		
Mailing Address 323 Willis Avenue			Amount of Each Disbursement this Period 650.00		
City Mineola	State NY	Zip Code 11501-	Transaction ID : 40707.E9209		
Purpose of Disbursement rent & maintenance		Category/ Type	RENT & MAINTENANCE		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Flanzig & Flanzig, LLP			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014		
Mailing Address 323 Willis Avenue			Amount of Each Disbursement this Period 650.00		
City Mineola	State NY	Zip Code 11501-	Transaction ID : 41005.E9233		
Purpose of Disbursement Rent and Maintenance		Category/ Type	RENT AND MAINTENANCE		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Flanzig & Flanzig, LLP			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014		
Mailing Address 323 Willis Avenue			Amount of Each Disbursement this Period 650.00		
City Mineola	State NY	Zip Code 11501-	Transaction ID : 41005.E9239		
Purpose of Disbursement rent & maintenance		Category/ Type	RENT & MAINTENANCE		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. InfoGroup Nonprofit		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address P. O. Box 3243		Amount of Each Disbursement this Period 491.66
City Omaha	State NE	
Zip Code 68103-	Purpose of Disbursement direct mail	Transaction ID : 41005.E9224
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	DIRECT MAIL
State: District:		

Full Name (Last, First, Middle Initial) B. Margaret May		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3951.65
City Mineola	State NY	
Zip Code 11501-	Purpose of Disbursement Payroll	Transaction ID : 41005.E9232
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) c. Margaret May		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 2220.09
City Mineola	State NY	
Zip Code 11501-	Purpose of Disbursement Payroll	Transaction ID : 41005.E9254
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6663.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Margaret May		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 606.56
City Mineola	State NY Zip Code 11501-	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : 41005.E9238
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	PAYROLL

Full Name (Last, First, Middle Initial) B. Margaret May		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 151 Linden Rd		Amount of Each Disbursement this Period 3951.65
City Mineola	State NY Zip Code 11501-	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : 41005.E9297
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	PAYROLL

Full Name (Last, First, Middle Initial) c. Mary Ellen Mendelsohn		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 5 Bevin Rd		Amount of Each Disbursement this Period 2861.40
City Northport	State NY Zip Code 11768-	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : 41005.E9230
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	PAYROLL

SUBTOTAL of Disbursements This Page (optional).....	7419.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Mary Ellen Mendelsohn		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 5 Bevin Rd		Amount of Each Disbursement this Period 1476.15
City Northport	State NY	
Zip Code 11768-	Purpose of Disbursement Payroll	Transaction ID : 41005.E9255
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) B. Mary Ellen Mendelsohn		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 5 Bevin Rd		Amount of Each Disbursement this Period 555.25
City Northport	State NY	
Zip Code 11768-	Purpose of Disbursement Payroll	Transaction ID : 41005.E9256
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) c. Mary Ellen Mendelsohn		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 5 Bevin Rd		Amount of Each Disbursement this Period 2861.40
City Northport	State NY	
Zip Code 11768-	Purpose of Disbursement Payroll	Transaction ID : 41005.E9298
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4892.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9223
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Sponsorship	
Candidate Name	Category/Type	SPONSORSHIP
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 30 Ivy Street SE		Amount of Each Disbursement this Period 41.75 Transaction ID : 41005.E9288
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Food and Beverage	
Candidate Name	Category/Type	FOOD AND BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. New York State Insurance Fund		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P.O. Box 5262		Amount of Each Disbursement this Period 658.08 Transaction ID : 41005.E9240
City Syracuse State NY Zip Code 13221-5262	Purpose of Disbursement Workers Compensation	
Candidate Name	Category/Type	WORKERS COMPENSATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1699.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 70.53
City Carle Place	State NY	
Zip Code 11514-	Purpose of Disbursement Payroll Processing Fees	Transaction ID : 41005.E9228
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL PROCESSING FEES
State: District:		

Full Name (Last, First, Middle Initial) B. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 3563.69
City Carle Place	State NY	
Zip Code 11514-	Purpose of Disbursement Employment Taxes	Transaction ID : 41005.E9229
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMPLOYMENT TAXES
State: District:		

Full Name (Last, First, Middle Initial) c. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 55.95
City Carle Place	State NY	
Zip Code 11514-	Purpose of Disbursement Payroll Processing Fees	Transaction ID : 41005.E9259
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL PROCESSING FEES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3690.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 2471.38
City Carle Place	State NY	
Zip Code 11514-	Purpose of Disbursement Employment Taxes	Transaction ID : 41005.E9261
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMPLOYMENT TAXES
State: District:		

Full Name (Last, First, Middle Initial) B. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 3093.63
City Carle Place	State NY	
Zip Code 11514-	Purpose of Disbursement Employment Taxes	Transaction ID : 41005.E9260
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	EMPLOYMENT TAXES
State: District:		

Full Name (Last, First, Middle Initial) c. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 72.53
City Carle Place	State NY	
Zip Code 11514-	Purpose of Disbursement Payroll Processing Feed	Transaction ID : 41005.E9258
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL PROCESSING FEED
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5637.53
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 117.53
City Carle Place	State NY	
Purpose of Disbursement Payroll Processing Fees	Zip Code 11514-	PAYROLL PROCESSING FEES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PBI Payroll		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 580 Mineola Avenue		Amount of Each Disbursement this Period 3543.51
City Carle Place	State NY	
Purpose of Disbursement Employment Taxes	Zip Code 11514-	EMPLOYMENT TAXES
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Judith Roche		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 59 Woodbine Dr. E.		Amount of Each Disbursement this Period 690.03
City Hicksville	State NY	
Purpose of Disbursement Payroll	Zip Code 11801-6049	PAYROLL
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4351.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Judith Roche		Date of Disbursement MM / DD / YYYY 08 / 27 / 2014
Mailing Address 59 Woodbine Dr. E.		Amount of Each Disbursement this Period 969.73
City Hicksville	State NY	
Zip Code 11801-6049	Purpose of Disbursement Payroll	Transaction ID : 41005.E9257
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) B. Judith Roche		Date of Disbursement MM / DD / YYYY 09 / 29 / 2014
Mailing Address 59 Woodbine Dr. E.		Amount of Each Disbursement this Period 690.02
City Hicksville	State NY	
Zip Code 11801-6049	Purpose of Disbursement Payroll	Transaction ID : 41005.E9299
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 2310 Jericho Turnpike		Amount of Each Disbursement this Period 267.32
City New Hyde Park	State NY	
Zip Code 11040-	Purpose of Disbursement Office Supplies	Transaction ID : 40707.E9211
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	OFFICE SUPPLIES
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1927.07
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Staples			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014	
Mailing Address 2310 Jericho Turnpike			Amount of Each Disbursement this Period 43.74	
City New Hyde Park	State NY	Zip Code 11040-	Transaction ID : 41005.E9225	
Purpose of Disbursement Office Supplies		Category/ Type	OFFICE SUPPLIES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Staples			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014	
Mailing Address 2310 Jericho Turnpike			Amount of Each Disbursement this Period 98.31	
City New Hyde Park	State NY	Zip Code 11040-	Transaction ID : 41005.E9235	
Purpose of Disbursement Office Supplies		Category/ Type	OFFICE SUPPLIES	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. UPS			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014	
Mailing Address P.O. Box 4980			Amount of Each Disbursement this Period 54.70	
City Hagerstown	State MD	Zip Code 21747-	Transaction ID : 40707.E9215	
Purpose of Disbursement Overnight Delivery		Category/ Type	OVERNIGHT DELIVERY	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	196.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 123.11 Transaction ID : 40707.E9213
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement cell phone service	Category/Type	CELL PHONE SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 128.02 Transaction ID : 41005.E9227
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement cell phone service	Category/Type	CELL PHONE SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 122.82 Transaction ID : 41005.E9236
City Newark	State NJ Zip Code 07101-0489	
Purpose of Disbursement cell phone service	Category/Type	CELL PHONE SERVICE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	373.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P.O. Box 489		Amount of Each Disbursement this Period 122.74
City Newark	State NJ	
Zip Code 07101-0489	Purpose of Disbursement cell phone service	Transaction ID : 41005.E9294
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CELL PHONE SERVICE
State: District:		

Full Name (Last, First, Middle Initial) B. Zimmerman/Edelson Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2014
Mailing Address 5 Bond Street		Amount of Each Disbursement this Period 6000.00
City Great Neck	State NY	
Zip Code 11021-	Purpose of Disbursement Public Relations Consulting	Transaction ID : 40707.E9210
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PUBLIC RELATIONS CONSULTNG
State: District:		

Full Name (Last, First, Middle Initial) c. Zimmerman/Edelson Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 5 Bond Street		Amount of Each Disbursement this Period 12000.00
City Great Neck	State NY	
Zip Code 11021-	Purpose of Disbursement Public Relations Consulting	Transaction ID : 41005.E9237
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PUBLIC RELATIONS CONSULTING
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18122.74
TOTAL This Period (last page this line number only).....	66873.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Bill Foster For Congress (H- IL-11)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 9104		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9252
City Aurora	State IL	
Zip Code 60598-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cmte. To Elect Martha Robertson H-NY-23		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P. O. Box 54		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9292
City Dryden	State NY	
Zip Code 13053-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dr. Raul Ruiz For Congress (House CA-36)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1229 Morse St. NE		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9250
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Friends Of Dan Maffei (HOUSE NY-24)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 230		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9246
City Syracuse	State NY	
Zip Code 13201-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Friends Of Elizabeth Esty (House CT-05)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 61		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9245
City Cheshire	State CT	
Zip Code 06410-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Friends Of Patrick Murphy (House FL-18)		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 4521 PGA Blvd., #412		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9290
City Palm Beach Gardens	State FL	
Zip Code 33418-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Friends Of Roy Cho Inc. (House NJ-05)		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P. O. Box 247		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9289
City Hackensack	State NJ	
Zip Code 07602-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Friends of John Barrow (House GA-12)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 2141-B West Broad St.		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9243
City Athens	State GA	
Zip Code 30606-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Friends of Lois Capp (HOUSE CA-24)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 23940		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9244
City Santa Barbara	State CA	
Zip Code 93121-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Hastings For Congress (House FL-20)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 100277		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9253
City Fort Lauderdale	State FL	
Zip Code 33310-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John Tiernay For Congress (House MA-06)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 12 Hussey Avenue		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9251
City Danvers	State MA	
Zip Code 01923-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Kathleen Rice for Congress (HOUSE NY-04)		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address P.O. Box 744		Amount of Each Disbursement this Period 2000.00 Transaction ID : 41005.E9241
City Mineola	State NY	
Zip Code 11501-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Keep Nick Rahall In Congress H WV-03		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 64 (WV-03)		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9248
City Beckley	State WV	
Zip Code 25801-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Krysten Sinema For Congress (House AZ-09)		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address P. O. Box 25879		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9279
City Tempe	State AZ	
Zip Code 85285-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Lara For New Mexico (House NM-02)		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address P. O. Box 2326		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9291
City Carlsbad	State NM	
Zip Code 88221-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 34	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. New York State Democratic Committee		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2014
Mailing Address 750 Third Ave., 31st Floor		Amount of Each Disbursement this Period 5000.00 Transaction ID : 41005.E9242
City New York State NY Zip Code 10017-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Recchia For Congress (HOUSE NY-11)		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 172 Gravesend Neck Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9249
City Brooklyn State NY Zip Code 11223-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Ron Barber For Congress (HOUSE AZ-02)		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address P. O. Box 57715		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9278
City Tucson State AZ Zip Code 85732-	Purpose of Disbursement POLITICAL CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 34			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial) A. Sean Patrick Maloney for Congress H NY18		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address P. O. Box 270		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9275
City Newburgh	State NY	
Zip Code 12550-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sean Patrick Maloney for Congress H NY18		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address P. O. Box 270		Amount of Each Disbursement this Period 1000.00 Transaction ID : 41005.E9247
City Newburgh	State NY	
Zip Code 12550-	Purpose of Disbursement POLITICAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. States United to Prevent Gun Violence		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address P. O. Box 1359		Amount of Each Disbursement this Period 500.00 Transaction ID : 41005.E9226
City New York	State NY	
Zip Code 10276-1359	Purpose of Disbursement EVENT TICKET	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	25500.00