

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Friends of Weiner

ADDRESS (number and street)

1 Ascan Avenue, #31

Check if different than previously reported. (ACC)

Forest Hills

NY

11375

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00327742

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

26

2004

through

09

30

2004

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 Frances Weiner

Signature of Treasurer Electronically Filed by Frances Weiner

Date

07

10

2006

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Weiner

Report Covering the Period: From: 

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	20525.00	469920.77
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	30250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20525.00	439670.77
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	25996.12	201598.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	733.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25996.12	200865.22
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1306275.14</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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

Write or Type Committee Name  
Friends of Weiner

Report Covering the Period: From: 

M	M
0	8

D	D
2	6

Y	Y	Y	Y
2	0	0	4

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	4

**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	405811.00
--	------	-----------

(ii) Unitemized.....

	0.00	5605.00
--	------	---------

(iii) TOTAL of contributions

	0.00	411416.00
--	------	-----------

from individuals..... ▶

	0.00	429.77
--	------	--------

(b) Political Party Committees.....

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

	20525.00	58075.00
--	----------	----------

(d) The Candidate.....

	0.00	0.00
--	------	------

(e) TOTAL CONTRIBUTIONS (other than loans)

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

	20525.00	469920.77
--	----------	-----------

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.).....

	0.00	733.08
--	------	--------

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

	9238.66	162845.09
--	---------	-----------

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

	29763.66	633498.94
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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	25996.12	201598.30
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	30250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	30250.00
21. OTHER DISBURSEMENTS.....	13000.00	294737.44
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	38996.12	526585.74

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1315507.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29763.66
25. SUBTOTAL (add Line 23 and Line 24).....	1345271.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38996.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1306275.14

# FEC FORM 3Z (File with Form 3)

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (in Full) Friends of Weiner	Report Covering Period: From: <span style="border: 1px solid black; padding: 2px;">M M</span> <span style="border: 1px solid black; padding: 2px;">D D</span> <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 8</span> <span style="border: 1px solid black; padding: 2px;">2 6</span> <span style="border: 1px solid black; padding: 2px;">2 0 0 4</span>
	To: <span style="border: 1px solid black; padding: 2px;">M M</span> <span style="border: 1px solid black; padding: 2px;">D D</span> <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 9</span> <span style="border: 1px solid black; padding: 2px;">3 0</span> <span style="border: 1px solid black; padding: 2px;">2 0 0 4</span>

Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No.11(b) Total Contributions From Political Party Committees			
A	Friends of Weiner	0.00	0.00			
B	Column Total Last Page Only.....	0.00	0.00			
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No 12 Total Transfers From Other Authorized Committees	(g) Line No 13(a) Total Loans Made or Guaranteed by the candidate	(h) Line No 13(b) Total all Other Loans
A	20525.00	0.00	20525.00	0.00	0.00	0.00
B	20525.00	0.00	20525.00	0.00	0.00	0.00
	(i) Line No. 13(c) Total Loans	(j) Line No.14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0.00	0.00	9238.66	29763.66	25996.12	0.00
B	0.00	0.00	9238.66	29763.66	26134.12	0.00
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loa Repayments of All Other Loans	(q) Line No 19(c) Total Loan Repayments	(r) Line No 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(u) Line No.20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No.22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No.27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed To the Committee
A	0.00	13000.00	38996.12	1315507.60	1306275.14	0.00
B	0.00	13200.00	39334.12	1346593.44	1337022.98	0.00
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0.00	20525.00	25996.12			
B	0.00	20525.00	26134.12			

# FEC FORM 3Z (File with Form 3)

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (in Full) Friends of Weiner	Report Covering Period: From: <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>8</td></tr> </table> <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>D</td><td>D</td></tr> <tr><td>2</td><td>6</td></tr> </table> <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table> To: <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td></tr> </table> <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table> <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>4</td></tr> </table>	M	M	0	8	D	D	2	6	Y	Y	Y	Y	2	0	0	4	M	M	0	9	D	D	3	0	Y	Y	Y	Y	2	0	0	4
M	M																																
0	8																																
D	D																																
2	6																																
Y	Y	Y	Y																														
2	0	0	4																														
M	M																																
0	9																																
D	D																																
3	0																																
Y	Y	Y	Y																														
2	0	0	4																														

Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No.11(b) Total Contributions From Political Party Committees			
A	Friends of Weiner	0.00	0.00			
B	Column Total Last Page Only.....	0.00	0.00			
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No 12 Total Transfers From Other Authorized Committees	(g) Line No 13(a) Total Loans Made or Guaranteed by the candidate	(h) Line No 13(b) Total all Other Loans
A	20525.00	0.00	20525.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(i) Line No. 13(c) Total Loans	(j) Line No.14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0.00	0.00	9238.66	29763.66	25996.12	0.00
B	0.00	0.00	0.00	0.00	138.00	0.00
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loa Repayments of All Other Loans	(q) Line No 19(c) Total Loan Repayments	(r) Line No 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(u) Line No.20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No.22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No.27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed To the Committee
A	0.00	13000.00	38996.12	1315507.60	1306275.14	0.00
B	0.00	200.00	338.00	31085.84	30747.84	0.00
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0.00	20525.00	25996.12			
B	0.00	0.00	138.00			

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004
Mailing Address 80 F Street, NW		<b>Transaction ID: C236049</b>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b> C00009936		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>B. American Medical Association PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2004
Mailing Address 1101 Vermont Avenue NW		<b>Transaction ID: C219810</b>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Armenian American Pac (armenpac)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004
Mailing Address 421 E Airport Freeway		<b>Transaction ID: C236053</b>
City Irving	State TX	Zip Code 75206
FEC ID number of contributing federal political committee. <b>C</b> C00352054		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

**A.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign Fund Political Action Commit

Mailing Address 919 18th Nw Ste 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00235853

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 4

**Transaction ID:** C251468

Amount of Each Receipt this Period  
 25.00

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

\* In-Kind: Internet Listi-  
ng

**B.** Full Name (Last, First, Middle Initial)  
International Longshoremen's Assn COPE

Mailing Address 17 Battery Place

City New York State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 4

**Transaction ID:** C230429

Amount of Each Receipt this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Intl Council of Shopping Centers (ICSC) PAC

Mailing Address 1033 North Fairfax St.  
Suite 404

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 4

**Transaction ID:** C240183

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A.</b> National Assn Of Retired Federal Employees PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004
Mailing Address 606 North Washington Street		Transaction ID: C240177
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00091561		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> National Association of Home Builders PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2004
Mailing Address 1201 15th Street, NW		Transaction ID: C217875
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00000901		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> National Association Of Realtors Political Action		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2004
Mailing Address 430 North Michigan Avenue		Transaction ID: C216625
City State Zip Code Chicago IL 60611	Amount of Each Receipt this Period 4000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00030718		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A.</b> New York Mercantile Exchange Political Action Comm		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2004
Mailing Address One North End Avenue 14th Floor		Transaction ID: C217876
City State Zip Code New York NY 10282	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00230185		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Service Employees International Union COPE		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004
Mailing Address 1313 L Street, NW		Transaction ID: C240181
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00004036		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> SONY Pictures Entertainment Inc PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2004
Mailing Address 10202 West Washington Boulevard		Transaction ID: C240178
City State Zip Code Culver City CA 90232	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

**A.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC

Mailing Address 316 Pennsylvania Avenue, SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2004  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2004

Transaction ID: C236051

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20525.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 26
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

**A.** Full Name (Last, First, Middle Initial)  
First Republic Group LLC

Mailing Address 1430 Broadway  
5th Floor

City State Zip Code  
New York NY 10018-3308

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 143845.09

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2004

**Transaction ID:** C345668

Amount of Each Receipt this Period  
7078.66

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

Interest and Dividends

**B.** Full Name (Last, First, Middle Initial)  
First Republic Group LLC

Mailing Address 1430 Broadway  
5th Floor

City State Zip Code  
New York NY 10018-3308

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Election Cycle-to-Date ▼ 143845.09

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2004

**Transaction ID:** C345672

Amount of Each Receipt this Period  
2160.00

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

Gain on Brokerage Transactions

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>9238.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9238.66</b>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

<b>A. AT&amp;T</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001309 City Louisville State KY Zip Code 40290-1309 Purpose of Disbursement phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D25822</b> Date of Disbursement 09 / 07 / 2004 Amount of Each Disbursement this Period 37.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>B. Jason Bayne</b> Full Name (Last, First, Middle Initial) Mailing Address 1308 Ditmas Ave City Brooklyn State NY Zip Code 11226-6504 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D25634</b> Date of Disbursement 08 / 27 / 2004 Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Jason Bayne</b> Full Name (Last, First, Middle Initial) Mailing Address 1308 Ditmas Ave City Brooklyn State NY Zip Code 11226-6504 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26251</b> Date of Disbursement 09 / 30 / 2004 Amount of Each Disbursement this Period 2625.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6162.85</b>
<b>TOTAL</b> 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 / 26

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. Brooklyn Housing and Family Services</b>		<b>Transaction ID: D25829</b> Date of Disbursement 09 / 07 / 2004
Mailing Address 415 Albemarle Rd		Amount of Each Disbursement this Period 150.00
City Brooklyn State NY Zip Code 11218-2351	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ad	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. First Republic Group LLC</b>		<b>Transaction ID: D42861</b> Date of Disbursement 09 / 30 / 2004
Mailing Address 1430 Broadway 5th Floor		Amount of Each Disbursement this Period 423.62
City New York State NY Zip Code 10018-3308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Brokerage Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tom L Freedman</b>		<b>Transaction ID: D26218</b> Date of Disbursement 09 / 28 / 2004
Mailing Address 3720 Yuma St NW		Amount of Each Disbursement this Period 6500.00
City Washington State DC Zip Code 20016-2212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement General Political Consulting	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7073.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 26

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. Ben Holzer</b>		<b>Transaction ID: D26248</b> Date of Disbursement 09 / 30 / 2004
Mailing Address 148 2nd Ave APT 2A		Amount of Each Disbursement this Period 417.00
City New York State NY Zip Code 10003-5780	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Ben Holzer</b>		<b>Transaction ID: D25826</b> Date of Disbursement 09 / 07 / 2004
Mailing Address 148 2nd Ave APT 2A		Amount of Each Disbursement this Period 417.00
City New York State NY Zip Code 10003-5780	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Phil Jones</b>		<b>Transaction ID: D25770</b> Date of Disbursement 08 / 31 / 2004
Mailing Address 590 6th Ave		Amount of Each Disbursement this Period 1250.00
City Brooklyn State NY Zip Code 11235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2084.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

<b>A. Phil Jones</b> Full Name (Last, First, Middle Initial) Mailing Address 590 6th Ave City Brooklyn State NY Zip Code 11235 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26249</b> Date of Disbursement 09 / 30 / 2004 Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Josh Kriegman</b> Full Name (Last, First, Middle Initial) Mailing Address 36 Prospect Pl City Brooklyn State NY Zip Code 11217-2823 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26250</b> Date of Disbursement 09 / 30 / 2004 Amount of Each Disbursement this Period 1458.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>C. Josh Kriegman</b> Full Name (Last, First, Middle Initial) Mailing Address 36 Prospect Pl City Brooklyn State NY Zip Code 11217-2823 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26175</b> Date of Disbursement 09 / 21 / 2004 Amount of Each Disbursement this Period 1458.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5416.66</b>
<b>TOTAL</b> 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 / 26

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. Marlin Leasing Corp</b>		<b>Transaction ID: D26220</b> Date of Disbursement 09 / 28 / 2004
Mailing Address PO Box 13604		Amount of Each Disbursement this Period 167.03
City Philadelphia State PA Zip Code 19101-3604	Purpose of Disbursement Photocopier Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. Progressive Democratic Club</b>		<b>Transaction ID: D26219</b> Date of Disbursement 09 / 28 / 2004
Mailing Address 223 Kings Hwy		Amount of Each Disbursement this Period 500.00
City Brooklyn State NY Zip Code 11223-1106	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Reform Temple of Forest Hills</b>		<b>Transaction ID: D26217</b> Date of Disbursement 09 / 28 / 2004
Mailing Address 7111 112th St		Amount of Each Disbursement this Period 150.00
City Forest Hills State NY Zip Code 11375-4649	Purpose of Disbursement Ad Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	817.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

<b>A. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1100 City Albany State NY Zip Code 12250-0001 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: D26216</b> Date of Disbursement 09 / 28 / 2004 Amount of Each Disbursement this Period 273.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type 001

<b>B. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1100 City Albany State NY Zip Code 12250-0001 Purpose of Disbursement phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: D25828</b> Date of Disbursement 09 / 07 / 2004 Amount of Each Disbursement this Period 102.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>C. CitiBank Business Card</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 410 City Salt Lake City State UT Zip Code 84141-0408 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: D25789</b> Date of Disbursement 09 / 07 / 2004 Amount of Each Disbursement this Period 3718.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4093.85</b>
<b>TOTAL</b> 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 / 26

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

<p><b>A. AT&amp;T</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 9001309</p>		<p><b>Transaction ID:</b> D44052 <b>Date of Disbursement</b> 09 / 07 / 2004</p>
<p>City Louisville State KY Zip Code 40290-1309</p>	<p>Purpose of Disbursement Telephone Candidate Name</p>	<p>Amount of Each Disbursement this Period 138.62</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

<p><b>B. Boston Park Hotel</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 64 Arlington Street</p>		<p><b>Transaction ID:</b> D44050 <b>Date of Disbursement</b> 09 / 07 / 2004</p>
<p>City Boston State MA Zip Code 02116</p>	<p>Purpose of Disbursement Travel Expenses Candidate Name</p>	<p>Amount of Each Disbursement this Period 1183.80</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

<p><b>C. Dell</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1 Dell Way</p>		<p><b>Transaction ID:</b> D44051 <b>Date of Disbursement</b> 09 / 07 / 2004</p>
<p>City Round Rock State TX Zip Code 78682</p>	<p>Purpose of Disbursement Computer Equipment Candidate Name</p>	<p>Amount of Each Disbursement this Period 703.08</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		<b>Transaction ID:</b> D44049 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 4
Mailing Address P.O. Box 20706		Amount of Each Disbursement this Period 469.98
City Atlanta State GA Zip Code 30320	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel Expenses Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Fedex</b>		<b>Transaction ID:</b> D44054 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 4
Mailing Address P.O. Box 1140 Dept A		Amount of Each Disbursement this Period 70.70
City Mc Adenville State NC Zip Code 28101-1140	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Shipping Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. IDT Conference Services</b>		<b>Transaction ID:</b> D44053 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 4
Mailing Address 6024 Silver Creek Valley Road		Amount of Each Disbursement this Period 261.70
City San Jose State CA Zip Code 95138	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

**A.** Full Name (Last, First, Middle Initial)  
U.S. Air

Mailing Address 2345 Crystal Drive

City Arlington State VA Zip Code 22227

Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D44048

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
United States Postal Service

Mailing Address 1050 Forbell St

City Brooklyn State NY Zip Code 11256-1000

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: D44055

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. Higgins For Congress</b>		<b>Transaction ID: D26099</b> Date of Disbursement 09 / 21 / 2004
Mailing Address 43 Morgan Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Buffalo	State NY	
Zip Code 14220		
Purpose of Disbursement Campaign Contribution		
Candidate Name Higgins For Congress		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 27		

Full Name (Last, First, Middle Initial) <b>B. Dave Thomas For Congress</b>		<b>Transaction ID: D26106</b> Date of Disbursement 09 / 21 / 2004
Mailing Address 7625 W 5th Ave Ste 200D		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lakewood	State CO	
Zip Code 80226-1453		
Purpose of Disbursement Campaign Contribution		
Candidate Name Dave Thomas		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 7		

Full Name (Last, First, Middle Initial) <b>C. Democratic Club of El Barrio</b>		<b>Transaction ID: D26180</b> Date of Disbursement 09 / 07 / 2004
Mailing Address PO Box 505		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York	State NY	
Zip Code 10029-0272		
Purpose of Disbursement Contribution		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

<b>A. Don Barbieri For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 201 W. North River Drive St. City Spokane State WA Zip Code 99201 Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26096</b> Date of Disbursement 09 / 21 / 2004 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Ginny Schrader For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 2 Park Ln Ste 105 City Feasterville Trevo State PA Zip Code 19053-6004 Purpose of Disbursement Campaign Contribution Candidate Name Ginny Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26103</b> Date of Disbursement 09 / 21 / 2004 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Jim Sullivan For Congress</b> Full Name (Last, First, Middle Initial) Mailing Address 93 Main St City Norwich State CT Zip Code 06360-5703 Purpose of Disbursement Campaign Contribution Candidate Name Jim Sullivan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D26105</b> Date of Disbursement 09 / 21 / 2004 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. John Barrow For Congress</b>		<b>Transaction ID: D26097</b> Date of Disbursement 09 / 21 / 2004
Mailing Address 2141 W Broad St # B		Amount of Each Disbursement this Period 1000.00
City Athens State GA Zip Code 30606-3545	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Salazar For Congress</b>		<b>Transaction ID: D26104</b> Date of Disbursement 09 / 21 / 2004
Mailing Address 307 N Santa Fe Ave		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81003-4134	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Contribution Candidate Name John Salazar	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Lois Murphy For Congress</b>		<b>Transaction ID: D26101</b> Date of Disbursement 09 / 21 / 2004
Mailing Address 14 West Marshall Street		Amount of Each Disbursement this Period 1000.00
City Norristown State PA Zip Code 19401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Contribution Candidate Name Murphy	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. Patty Wetterling for Congress</b>		<b>Transaction ID:</b> D26111 Date of Disbursement 09 / 21 / 2004
Mailing Address PO Box 1334		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Cloud State MN Zip Code 56302	Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Patty Wetterling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 12		

Full Name (Last, First, Middle Initial) <b>B. Paul Babbitt For Congress</b>		<b>Transaction ID:</b> D26095 Date of Disbursement 09 / 21 / 2004
Mailing Address 114 W Route 66		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Flagstaff State AZ Zip Code 86001-5543	Category/ Type	
Purpose of Disbursement Campaign Contribution Candidate Name Paul Babbitt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01		

Full Name (Last, First, Middle Initial) <b>C. Serrano For State Senate</b>		<b>Transaction ID:</b> D25806 Date of Disbursement 09 / 07 / 2004
Mailing Address 275 Madison Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10016	Category/ Type	
Purpose of Disbursement Contribution Candidate Name Jose Serrano		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 16		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Weiner

Full Name (Last, First, Middle Initial) <b>A. TIM BISHOP FOR CONGRESS</b>		<b>Transaction ID: D25787</b> Date of Disbursement
Mailing Address PO Box 437		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2004"/>
City Farmingville	State NY	Zip Code 11738
Purpose of Disbursement contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name Timothy Bishop	Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: NY	District: 14	

Full Name (Last, First, Middle Initial) <b>B. Tony Miller for Congress</b>		<b>Transaction ID: D26100</b> Date of Disbursement
Mailing Address 2401 South Shelby Street		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2004"/>
City Louisville	State KY	Zip Code 40217
Purpose of Disbursement Campaign Contribution	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name Mi	Category/Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: KY	District: 3	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="13000.00"/>