



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Gillibrand Victory Fund

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>304400.00</td></tr></table>	304400.00	<table border="1" style="width: 100%;"><tr><td>304400.00</td></tr></table>	304400.00								
304400.00												
304400.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td>304400.00</td></tr></table>	304400.00	<table border="1" style="width: 100%;"><tr><td>304400.00</td></tr></table>	304400.00								
304400.00												
304400.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>304400.00</td></tr></table>	304400.00	<table border="1" style="width: 100%;"><tr><td>304400.00</td></tr></table>	304400.00								
304400.00												
304400.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00								
0.00												
0.00												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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  
Gillibrand Victory Fund

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	299450.00	299450.00
(i) Itemized (use Schedule A) .....	2950.00	2950.00
(ii) Unitemized .....	302400.00	302400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2000.00	2000.00
(c) Other Political Committees (such as PACs) .....	304400.00	304400.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	304400.00	304400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	304400.00	304400.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	64062.96	64062.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	64062.96	64062.96
22. Transfers to Affiliated/Other Party Committees.....	240337.04	240337.04
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	304400.00	304400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	304400.00	304400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	304400.00	304400.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	304400.00	304400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64062.96	64062.96
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	64062.96	64062.96

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Cynthia Wainwright Berger  
Mailing Address 1050 Park Ave.

City State Zip Code  
New York NY 10028

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

Name of Employer Occupation  
Retired N/A

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: SA11AI-1

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jill Iscol  
Mailing Address Lyndel Road

City State Zip Code  
Pound Ridge NY 10576

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

Name of Employer Occupation  
Iscol Family Foundation Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 7

Transaction ID: SA11AI-2

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Geraldine B. Laybourne  
Mailing Address One West 64th St.  
Apt. 11A

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Oxygen Media LLC CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 28500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: SA11AI-47

Amount of Each Receipt this Period  
28500.00

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

38500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

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

Mailing Address 300 CPW #8F

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 29 / 2007

**Transaction ID:** SA11AI-48

Amount of Each Receipt this Period 500.00

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

Mailing Address 2 Penn Plaza 21st Floor

City New York State NY Zip Code 10121

FEC ID number of contributing federal political committee. C

Name of Employer McGraw Hill Occupation Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 29 / 2007

**Transaction ID:** SA11AI-49

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
H. Dale Hemmerdinger

Mailing Address 555 5th Ave.

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. C

Name of Employer ATCO Properties and Management Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 29 / 2007

**Transaction ID:** SA11AI-50

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Judith Loeb

Mailing Address 50 E. 89th

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Emily's List Fundraiser

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI-51

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
James Galli

Mailing Address 43 W. Main St.

City State Zip Code  
Chester CT 06412

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

Name of Employer Occupation  
AIG Senior Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI-52

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Geyerhahn

Mailing Address 99 Jane St.  
Apt. 8A

City State Zip Code  
New York NY 10014

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

Name of Employer Occupation  
Hudson TG Political Consultant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 7

Transaction ID: SA11AI-53

Amount of Each Receipt this Period  
500.00

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

1000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Denise D'Agostino		Date of Receipt
	Mailing Address 175 East 93 St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10128
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI-54
Name of Employer Unit 7		Occupation Advertising Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Jill Braufman		Date of Receipt
	Mailing Address 10 Gracie Square		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	New York	NY	10028
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI-55
Name of Employer N/A		Occupation Homemaker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Julie Ratner		Date of Receipt
	Mailing Address 95 Ely Brooks to Hands Creek		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	East Hampton	NY	11937
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI-56
Name of Employer Ellen P. Hermanson Founda- tion		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial) Victoria Harmon		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 201 E. 25th Street		<b>Transaction ID:</b> SA11AI-57
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Credit Suisse	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Angela Burgess		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 116 East 63rd St. #5a		<b>Transaction ID:</b> SA11AI-58
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Davis Polk	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Maureen McManus		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 200 West 60th St.		<b>Transaction ID:</b> SA11AI-59
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Fundraiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
William Schlesinger

Mailing Address 65 Sharon Turnpike

City State Zip Code  
Millbrook NY 12545

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

Name of Employer Occupation  
Institute of Ecosystem Studies President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-60

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Beshar

Mailing Address 450 Lexington Ave

City State Zip Code  
New York NY 10017

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

Name of Employer Occupation  
Davis Polk Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-61

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia Kenner

Mailing Address 720 Park Ave.

City State Zip Code  
New York NY 10003

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

Name of Employer Occupation  
DBJ Capital, LLC Investment Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-62

Amount of Each Receipt this Period  
500.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 86
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Deborah Jackson	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 210 East 18th St.	<b>Transaction ID:</b> SA11AI-63
	City State Zip Code New York NY 10003	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation DBJ Capital, LLC Investment Banker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert F. Cummings	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 12 E. 49th St.	<b>Transaction ID:</b> SA11AI-64
	City State Zip Code New York NY 10028	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GSC Partners Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ann Kinney	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 19 E 72nd St. Apt. 9A	<b>Transaction ID:</b> SA11AI-65
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation N/A Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-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 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Betty Kowaloff

Mailing Address 1261 Madison Ave.

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Self-Employed Interior Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-66

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Alexander Rovt

Mailing Address 950 3rd Ave.  
Floor 25

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
IBE Trade Corp President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-67

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Margaret Wood

Mailing Address 7 Manor Pond Lane

City State Zip Code  
Irvington NY 10533

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-68

Amount of Each Receipt this Period  
5000.00

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

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

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

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

FOR LINE NUMBER: PAGE 14 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Sam Eskenazi

Mailing Address 750 Columbus Ave.

City State Zip Code  
New York NY 10025

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-69

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Elaine Schwenger

Mailing Address 310 Greenwich  
39 J

City State Zip Code  
New York NY 10013

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

Name of Employer Prudential Occupation Real Estate Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-70

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Giovanna Torchio

Mailing Address 28 E. 11th St.  
#2F

City State Zip Code  
New York NY 10003

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

Name of Employer Jack Morton Worldwide Occupation Business Development Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-71

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Karen Wagner

Mailing Address 30 W. 15th Street

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
Davis Polk & Wardwell Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-3

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Martine Beamon

Mailing Address 60 State St.

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
Davis Polk & Wardwell Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-4

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephanie Breslow

Mailing Address 7 Hubert Street

City State Zip Code  
New York NY 10022

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

Name of Employer Occupation  
Scholte Roth & Zabel Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-5

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Stuart Weissler

Mailing Address 315 Avenue C

City State Zip Code  
New York NY 10009

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

Name of Employer Retired Occupation N/A

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-6

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Erika Nijenhuis

Mailing Address 38 Sidney Place

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Cleary Gottlieb Steen & Hamilton Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-7

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Chris Hyman

Mailing Address 998 Fifth Ave.

City State Zip Code  
New York NY 10028

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-8

Amount of Each Receipt this Period

500.00

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

2500.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Steven Wharton

Mailing Address 252 Seventh Ave, #15H

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation  
JP Morgan Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-9

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Meredith Ryan

Mailing Address 200 Riverside Blvd.

City State Zip Code  
New York NY 10069

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

Name of Employer Occupation  
AIG Insurance Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-10

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane Keefe

Mailing Address 249 Chestnut Hill Rd.

City State Zip Code  
Norwalk CT 06851

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

Name of Employer Occupation  
Pax World Management Corp. Institutional Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-11

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Cynthia Young

Mailing Address 52 Riverside Drive

City State Zip Code  
New York NY 10024

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

Name of Employer Occupation  
ICP Curator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-12

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Coert C. Almstead

Mailing Address 15 Joslen Heights Rd.

City State Zip Code  
Hudson NY 12534-1027

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

Name of Employer Occupation  
Joslen Haight Corp Office Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-15

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane L. Beattie

Mailing Address 1136 - 5th Ave.

City State Zip Code  
New York NY 10128-0117

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

Name of Employer Occupation  
Diana Beattie Interiors Interior Designer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA11AI-16

Amount of Each Receipt this Period

2500.00

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

3750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Gene M. Bernstein

Mailing Address 25 Melville Park Rd.

City State Zip Code  
Melville NY 11747

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

Name of Employer Occupation  
NIC Holding Corp Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-17

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary F. Bijur

Mailing Address 109 W. 26th St.  
7th Floor

City State Zip Code  
New York NY 10001-6806

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

Name of Employer Occupation  
Self-Employed Interior Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-18

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan L. Cohen

Mailing Address 85 Broad St.

City State Zip Code  
New York NY 10004

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

Name of Employer Occupation  
Goldman Sachs Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 7

**Transaction ID:** SA11AI-19

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Helen Adams Cook	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 207 East 74th St. #6F	<b>Transaction ID:</b> SA11AI-20
	City State Zip Code New York NY 10021	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ellen Chinn Curtis	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 572 Sharon Station Rd.	<b>Transaction ID:</b> SA11AI-21
	City State Zip Code Millertown NY 12546-4633	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Harry P. Kamen	Date of Receipt MM / DD / YYYY 10 / 31 / 2007
	Mailing Address 910 Park Ave.	<b>Transaction ID:</b> SA11AI-24
	City State Zip Code New York NY 10075	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Sarah-Ann Kramarsky  
Mailing Address 33 E. 70th St.  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA11AI-26  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Jo Locicero  
Mailing Address 11 Riverside Dr. Apt 12BE  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA11AI-27  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Patti Lubin  
Mailing Address 29 Tompkins Rd.  
City Scarsdale State NY Zip Code 10583  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Davis Polk & Wardwell Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA11AI-28  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 22 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
John L. Tishman  
Mailing Address 666 Fifth Ave.  
City State Zip Code  
New York NY 10103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tishman Realty & Construction Co. Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2300.00  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA11AI-33  
Amount of Each Receipt this Period 2300.00

**B.** Full Name (Last, First, Middle Initial)  
Norman W. Alpert  
Mailing Address 245 Park Ave. 41st Floor  
City State Zip Code  
New York NY 10167  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vestar Capital Partners Occupation Principal Investor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA11AI-34  
Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Joan K. Davidson  
Mailing Address 157 E. 75th Street  
City State Zip Code  
New York NY 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Publisher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 31 / 2007  
Transaction ID: SA11AI-35  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4300.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Albert Francke

Mailing Address 145 Mill Rd.

City Millerton State NY Zip Code 12546

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 31 / 2007  
**Transaction ID: SA11AI-36**  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Martha Gifford

Mailing Address 187 Hicks St.  
Apt. 3A

City Brooklyn State NY Zip Code 11201

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 31 / 2007  
**Transaction ID: SA11AI-37**  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Lowenstein

Mailing Address 1025 Fifth Ave.  
Penthouse D North

City New York State NY Zip Code 10028

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

Name of Employer Lowenstein-Yost Associates Occupation Literary Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 31 / 2007  
**Transaction ID: SA11AI-39**  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial) Marnie S. Pillsbury		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 30 Rockefeller Plaza Room 5600		Transaction ID: SA11AI-41
City New York	State Zip Code NY 10112	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Rockefeller Financial Services	Occupation Executive	Aggregate Year-to-Date 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Agnes Varis		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 96 Route 23		Transaction ID: SA11AI-42
City Little Falls	State Zip Code NJ 07424	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Agvar Chemicals, Inc.	Occupation CEO	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Letty C. Pogrebin		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 33 W. 67th St.		Transaction ID: SA11AI-45
City New York	State Zip Code NY 10023	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Writer	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 25 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Charles Ortner

Mailing Address 1585 Broadway

City State Zip Code  
New York NY 10036

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

Name of Employer Proskauer, Rose LLP      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

**Transaction ID:** SA11AI-46  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Jakes

Mailing Address 520 86th St.  
13C

City State Zip Code  
New York NY 10028

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

Name of Employer Albert Einstein College of Medicine      Occupation Biologist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	7

**Transaction ID:** SA11AI-103  
 Amount of Each Receipt this Period  
 3000.00

**C.** Full Name (Last, First, Middle Initial)  
Susan K. Stern

Mailing Address 39 Park Rd.

City State Zip Code  
Scarsdale NY 10583-2143

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

Name of Employer N/A      Occupation Volunteer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	7

**Transaction ID:** SA11AI-104  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Bradley J. Hoecker

Mailing Address 257 Oak Ridge Ave.

City State Zip Code  
Summit NJ 07901-3258

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

Name of Employer Occupation  
Stonington Partners Private Equity

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2007

**Transaction ID:** SA11AI-105

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Suzanne Baker

Mailing Address 352 Route 403

City State Zip Code  
Garrison NY 10524

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2007

**Transaction ID:** SA11AI-106

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory Rae

Mailing Address 252 Seventh Ave.  
#5A

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-72

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Wendy Bartley

Mailing Address P.O. Box 512

City State Zip Code  
Bedford Hills NY 10507

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-73

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Judith Hart

Mailing Address 225 East 73rd St.

City State Zip Code  
New York NY 10021

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

Name of Employer Self-Employed Occupation  
Self-Employed Editor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-74

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Lee Dugger

Mailing Address 42 West 13th St.

City State Zip Code  
New York NY 10011

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

Name of Employer Self-Employed Occupation  
Self-Employed Political Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-75

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Helen Rosenthal

Mailing Address 225 West 83rd St.

City State Zip Code  
New York NY 10024

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-76

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Stanley Bergman

Mailing Address 135 Duryea Rd.

City State Zip Code  
Melville TN 11747

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

Name of Employer Henry Schein, Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-77

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Marion Bergman

Mailing Address 73 South Ocean Ave.

City State Zip Code  
Patchogue NY 11772

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

Name of Employer Suffolk Chest Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-78

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Goldberg	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 23 Glenbrooke Dr.	<b>Transaction ID:</b> SA11AI-80
	City State Zip Code White Plains NY 10605	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Anisa Group	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pete Hatch	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 11 E. 10th St.	<b>Transaction ID:</b> SA11AI-81
	City State Zip Code New York NY 10003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer John Edwards for President	Occupation Senior Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gail Furman	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 151 East 83rd St. 1A	<b>Transaction ID:</b> SA11AI-82
	City State Zip Code New York NY 10028	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<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 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Whitney Tilson

Mailing Address 1165 5th Avenue  
4C

City State Zip Code  
New York NY 10029

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

Name of Employer T2 Partners LLC      Occupation Investment Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

**Transaction ID:** SA11AI-84

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Stuart Abrams

Mailing Address 230 Park Ave.

City State Zip Code  
New York NY 10169

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

Name of Employer Frankel & Abrams      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

**Transaction ID:** SA11AI-85

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Harris Phillips, II.

Mailing Address 71 Hawthorne Way

City State Zip Code  
Hartsdale NY 10530

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

Name of Employer Self-Employed      Occupation Insurance Agent

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

**Transaction ID:** SA11AI-86

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

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

Mailing Address 400 East 56th

City State Zip Code  
New York NY 10022

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-87

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart Freedman

Mailing Address 919 Third Avenue

City State Zip Code  
New York NY 10022

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

Name of Employer Schulte Roth & Zabel LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4600.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-88

Amount of Each Receipt this Period  
4600.00

**C.**

Full Name (Last, First, Middle Initial)  
Cynthia Friedman

Mailing Address 300 Seminole Ave.

City State Zip Code  
Palm Beach FL 33480

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

Name of Employer Self-Employed Occupation Private Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2007

**Transaction ID:** SA11AI-89

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial) Morgan Brill		Date of Receipt MM / DD / YYYY 11 / 04 / 2007
Mailing Address 13 Harrison St. #2		<b>Transaction ID:</b> SA11AI-90
City New York	State NY	Zip Code 10013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 5000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

**B.**

Full Name (Last, First, Middle Initial) Gilbert H. Kinney		Date of Receipt MM / DD / YYYY 11 / 04 / 2007
Mailing Address 19 East 72nd St.		<b>Transaction ID:</b> SA11AI-91
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Perry Barber		Date of Receipt MM / DD / YYYY 11 / 04 / 2007
Mailing Address 320 East 72nd St.		<b>Transaction ID:</b> SA11AI-92
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Author	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5750.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Loren Blackford		Date of Receipt
	Mailing Address 53 W. 68th St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10023
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-93
Name of Employer N/A		Occupation Volunteer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Gohd		Date of Receipt
	Mailing Address 101 W. 67th		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10023
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-96
Name of Employer Pali Capital		Occupation Investment Banker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Elana Broitman		Date of Receipt
	Mailing Address 107 Mortnon St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	New York	NY	10014
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-97
Name of Employer UJA		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Julie Zoppo

Mailing Address 278 1st Avenue

City State Zip Code  
New York NY 10009

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

Name of Employer Occupation  
SAP Global Marketing Marketing Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-98

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Hamill

Mailing Address 35 Briar Court

City State Zip Code  
Cross River NY 10518

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

Name of Employer Occupation  
Boies, Schiller & Flexner LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-99

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Spiegel

Mailing Address 210 East 68th St.  
#51

City State Zip Code  
New York NY 10065

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

Name of Employer Occupation  
Paul Weiss Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-100

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Colleen Foster

Mailing Address 100 Greane St.

City State Zip Code  
New York NY 10012

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

Name of Employer Occupation  
Goldman Sachs Sales/Trader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-101

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Hayes

Mailing Address 4 South Stanwich Road

City State Zip Code  
Greenwich CT 06831

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

Name of Employer Occupation  
Fastransit Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-102

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ann B. Macrae

Mailing Address 125 east 72nd Street  
Apt. 7B

City State Zip Code  
New York NY 10021-4250

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

Name of Employer Occupation  
N/A Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-107

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Kathleen M. Sloane

Mailing Address 715 Park Ave.  
Apt. 15A

City State Zip Code  
New York NY 10021-5047

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

Name of Employer Occupation  
Brown Harris and Stevens Executive

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2007

**Transaction ID:** SA11AI-108

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
Marilyn Clapp Kunstler

Mailing Address 140 Riverside Dr.  
#11-J

City State Zip Code  
New York NY 10024-2605

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

Name of Employer Occupation  
Boies Schuler & Flexner Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-109

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Carol A. Schraeger

Mailing Address 27 E. 93rd St.

City State Zip Code  
New York NY 10128-0609

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-110

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Abigail Agrant

Mailing Address 280 Lafayette St.  
Apt. 6C

City State Zip Code  
New York NY 10012-3313

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

Name of Employer Occupation  
Prudential Douglas Elliman Real Estate

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-113

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Alessandro E. Fusino

Mailing Address 25 Central Park W  
Apt 14N

City State Zip Code  
New York NY 10023-7211

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

Name of Employer Occupation  
Self-Employed Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-115

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Marlene Hess

Mailing Address 770 Park Ave.

City State Zip Code  
New York NY 10021-4153

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

Name of Employer Occupation  
Self-Employed Philanthropic Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-116

Amount of Each Receipt this Period

500.00

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

1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Assad Jebara

Mailing Address 2 Military Hill Dr.

City State Zip Code  
Morristown NJ 07960-6603

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

Name of Employer Occupation  
Alpha Garment Importer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-117

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Craig Kaplan

Mailing Address 214 E. 18th St.

City State Zip Code  
New York NY 10003-3605

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-118

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sarah Kovner

Mailing Address 27 W. 67th St.

City State Zip Code  
New York NY 10023-6258

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-120

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Wendy Mackenzie

Mailing Address 829 Park Ave.

City State Zip Code  
New York NY 10021-2846

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

Name of Employer Self-Employed  
Occupation Public Affairs Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-121

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Charlita Mays

Mailing Address 679 Vanderbilt Ave.

City State Zip Code  
Brooklyn NY 11238

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

Name of Employer Spears and Imes LLP  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-122

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Leslie Mazza

Mailing Address 787 Seventh Ave.

City State Zip Code  
New York NY 10019

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

Name of Employer Wilkie Farr and Gallagher  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2007

**Transaction ID:** SA11AI-123

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Shelly Menolascino		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 7 Patchin Place		<b>Transaction ID:</b> SA11AI-124
	City New York	State NY	Zip Code 10011
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Psychiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Ortegon		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 25 West Houston St. Apt. 2E		<b>Transaction ID:</b> SA11AI-125
	City New York	State NY	Zip Code 10012
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Seiler		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address One Irving Pl. Apt. G9E		<b>Transaction ID:</b> SA11AI-126
	City New York	State NY	Zip Code 10003
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2300.00
	Name of Employer Friedman Kaplan and Seiler	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)

Maurice Sonnenberg

Mailing Address 45 E. 66th St.

City

New York

State

NY

Zip Code

10021-6102

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Investment Advisor

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-127

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Lewis H. Goldstein

Mailing Address 2015 St. Paul Ave.  
5l

City

Bronx

State

NY

Zip Code

10461

FEC ID number of contributing federal political committee.

C

Name of Employer  
Starting Point Services  
for Children

Occupation

Educator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 5 / 2 0 0 7

Transaction ID: SA11AI-128

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Emerson Bruns

Mailing Address 250 W. 27th St.

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

Transaction ID: SA11AI-129

Amount of Each Receipt this Period

1000.00

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

2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth Lack

Mailing Address 120 Hampshire Rd.

City State Zip Code  
Bronxville NY 10708

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-130

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Dixon

Mailing Address 993 Park Ave.

City State Zip Code  
New York NY 10028

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

Name of Employer Self-Employed Occupation Financial Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-131

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
George Gatch

Mailing Address 105 E. 29th St.

City State Zip Code  
New York NY 10016

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-132

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Alice Geller

Mailing Address 118 S. Park Ave.

City State Zip Code  
New York NY 10128

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

Name of Employer Self-Employed Occupation  
Self-Employed Tutor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2007

**Transaction ID:** SA11AI-133

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathryn Green

Mailing Address 190 East 72nd. St.

City State Zip Code  
New York NY 10021

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

Name of Employer Self-Employed Occupation  
Self-Employed Literary Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2007

**Transaction ID:** SA11AI-134

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Henry Kaufman

Mailing Address 9 Stratton Rd.

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Self-Employed Occupation  
Self-Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2007

**Transaction ID:** SA11AI-135

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Jill Lafer

Mailing Address 1060 5th Ave.

City State Zip Code  
New York NY 10128

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

Name of Employer Self-Employed Occupation  
Self-Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-136

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jennifer Marre

Mailing Address 110 Livingston St.

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
SAB Capital Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-137

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Sagner

Mailing Address 67 Valley View Ave.

City State Zip Code  
Summit NJ 07901

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

Name of Employer Occupation  
Sagner Companies Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-138

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Rita Schwartz

Mailing Address 129 Hicks St.

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer  
General Contractors Association

Occupation  
Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 08 / 2007

**Transaction ID:** SA11AI-139

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Carolynn Foley

Mailing Address 1633 Broadway

City State Zip Code  
New York NY 10024

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

Name of Employer  
Davis Wright Tremaine, LLP

Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 08 / 2007

**Transaction ID:** SA11AI-141

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Hope Winthrop

Mailing Address 1115 Fifth

City State Zip Code  
New York NY 10128

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

Name of Employer  
Self-Employed

Occupation  
Mediator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 08 / 2007

**Transaction ID:** SA11AI-142

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Christine Turner

Mailing Address 50 W. 72nd St.

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
Seward & Kissel Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-143

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Vincent Roberti

Mailing Address 40 West 57th St.

City State Zip Code  
New York NY 10019

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

Name of Employer Occupation  
Palisades Media Corporation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-144

Amount of Each Receipt this Period  
4600.00

**C.** Full Name (Last, First, Middle Initial)  
Claire Silberman

Mailing Address 28 Old Fulton St.

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Occupation  
Self-Employed Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 0 7

**Transaction ID:** SA11AI-145

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)

Susan Bernfield

Mailing Address 90 Hudson St.

City State Zip Code  
New York NY 10013

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
New Georges

Occupation  
Arts Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
11 / 08 / 2007

Transaction ID: SA11AI-147

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Fiona Rudin

Mailing Address 544 E. 86th St.

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 08 / 2007

Transaction ID: SA11AI-148

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Nathaniel Klipper

Mailing Address 468 W. Broadway

City State Zip Code  
New York NY 10072

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
One East Capital

Occupation  
Finance

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 08 / 2007

Transaction ID: SA11AI-149

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 48 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Esther Kartiganer  
Mailing Address 333 E. 53rd St.  
City New York State NY Zip Code 10022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 12 / 2007  
Transaction ID: SA11AI-150  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Donna Kahn  
Mailing Address 43 W. 61st St.  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 12 / 2007  
Transaction ID: SA11AI-151  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Sally Minard  
Mailing Address 133 E. 62nd St.  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 11 / 12 / 2007  
Transaction ID: SA11AI-152  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 49 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Aileen Doherty  
Mailing Address 271 Baltic St.  
City State Zip Code  
Brooklyn NY 11201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00  
Date of Receipt: 11 / 12 / 2007  
Transaction ID: SA11AI-153  
Amount of Each Receipt this Period: 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Patricia Duff  
Mailing Address 437 E. 87th St.  
City State Zip Code  
New York NY 10128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Self-Employed Consultant  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt: 11 / 12 / 2007  
Transaction ID: SA11AI-154  
Amount of Each Receipt this Period: 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Nina Beattie  
Mailing Address 118 Riverside Dr.  
Apt. 14B  
City State Zip Code  
New York NY 10004-2209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation  
Burne and Richard Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt: 11 / 14 / 2007  
Transaction ID: SA11AI-159  
Amount of Each Receipt this Period: 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 9000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Audrey Bernfield

Mailing Address 270 W. 19th St.  
Apt. 4A

City State Zip Code  
New York NY 10011

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI-160

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David J. Hogan

Mailing Address 100 United Nations Plaza  
Apt 22B

City State Zip Code  
New York NY 10017-1751

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

Name of Employer Occupation  
Mannheim, LLC Senior Managing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI-164

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Lorrie Landis

Mailing Address 48 Arcadia Rd.

City State Zip Code  
Old Greenwich CT 06870-1715

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

Name of Employer Occupation  
Self-Employed Portfolio Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: SA11AI-165

Amount of Each Receipt this Period  
500.00

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

5750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Brooke G. Neidich

Mailing Address 120 E. End Ave.  
# 7A

City State Zip Code  
New York NY 10028-7552

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

Name of Employer N/A Occupation Philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

**Transaction ID:** SA11AI-166

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lynn Neuner

Mailing Address 558 Hoyt St.

City State Zip Code  
Darien CT 06820

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

Name of Employer Simpson Thacher & Bartlett Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

**Transaction ID:** SA11AI-167

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Evelyn Pozez

Mailing Address 6358 N. Oinnacle Ridge Rd.

City State Zip Code  
Tucson AZ 85718

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

**Transaction ID:** SA11AI-168

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold Varmus		Date of Receipt
	Mailing Address 1 Gracie Square		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	New York	NY	10028-8001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-169
Name of Employer NSKCL		Occupation Securities	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter J. Worth		Date of Receipt
	Mailing Address 99 Park Ave. FI 25		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	New York	NY	10016-1601
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-170
Name of Employer American Benefits Consulting, LLC		Occupation CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Judith Hope		Date of Receipt
	Mailing Address 9 Two Holes Water Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 0 7
	City	State	Zip Code
	East Hampton	NY	11937-2517
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI-171
Name of Employer ERLC		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Andrew B. Wright

Mailing Address 356 W. 11th St.

City State Zip Code  
Claremont CA 91711-3805

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11AI-172

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Deborah Mary Sale

Mailing Address 151 West 74th Street  
Apt. 9A

City State Zip Code  
New York NY 10023

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

Name of Employer Hospital for Special Surgery Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11AI-189

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Heather McDevitt

Mailing Address 123 West 93rd Street

City State Zip Code  
New York NY 10025

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

Name of Employer White & Case LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

**Transaction ID:** SA11AI-190

Amount of Each Receipt this Period  
1500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Maria Cuomo Cole

Mailing Address 1619 Purchase St.

City State Zip Code  
Purchase NY 10577

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

Name of Employer Occupation  
Help USA Chairman

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI-191

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann Carmel

Mailing Address 252 7th Ave.  
PHC

City State Zip Code  
New York NY 10001

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

Name of Employer Occupation  
DC Capital Investment Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-192

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Myers

Mailing Address 32 Circuit Road

City State Zip Code  
Tuxedo Park NY 10987-4046

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

Name of Employer Occupation  
Fox- Pitt Kellon Inc. Investment Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-193

Amount of Each Receipt this Period

2500.00

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

8500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Laurie M. Tisch Sussman

Mailing Address 88 Central Park W.

City State Zip Code  
New York NY 10023-5209

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

Name of Employer Occupation  
Laurie Tisch Sussman Foundation Founder

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-194

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Millie Meyers

Mailing Address 201 E 25th St.  
Apt. 16C

City State Zip Code  
New York NY 10010-3008

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

Name of Employer Occupation  
United Nations Government Employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-195

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
George Miller

Mailing Address 31 W. 76th St.

City State Zip Code  
New York NY 10023-1519

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

Name of Employer Occupation  
Simpson Thacher & Bartlett LLP Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-196

Amount of Each Receipt this Period

1000.00

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

6250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)

Margo Alexander

Mailing Address 138 E. 92nd St.

City

New York

State

NY

Zip Code

10128-1604

FEC ID number of contributing federal political committee.

C

Name of Employer  
Alexander Associates

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-197

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Jeremy Lang

Mailing Address 1110 Willow Brook Rd.

City

Clinton Corners

State

NY

Zip Code

12514-3023

FEC ID number of contributing federal political committee.

C

Name of Employer  
Bulter, Rogers, Baskett Architects

Occupation  
Architect

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-198

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Edmund Cohen

Mailing Address 263 Willard Dr.

City

Hewlett

State

NY

Zip Code

11557

FEC ID number of contributing federal political committee.

C

Name of Employer  
Winston & Strawn LLP

Occupation  
Attorney

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI-199

Amount of Each Receipt this Period

500.00

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

6000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Anne Delaney

Mailing Address 467 W. 21st St.

City State Zip Code  
New York NY 10011-2943

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** SA11AI-200

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Catherine Froman

Mailing Address 15 West 63rd Street  
Apt. 35A

City State Zip Code  
New York NY 10023

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** SA11AI-201

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Ari Goodman

Mailing Address 225 Broadway  
Suite 2100

City State Zip Code  
New York NY 10007

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** SA11AI-202

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Gail Bendheim	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 65 Challenger Rd. Ste. 3	<b>Transaction ID:</b> SA11AI-204
	City State Zip Code Ridgefield Park NJ 07660-2110	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jewish Board of Fam/Child Services Board Member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Bendheim	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 65 Challenger Rd. Ste. 3	<b>Transaction ID:</b> SA11AI-205
	City State Zip Code Ridgefield NJ 07660	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHIBRO Animal Health Corp Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Fahey	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 225 Middle Neck Rd.	<b>Transaction ID:</b> SA11AI-206
	City State Zip Code Port Washington NY 11050-1237	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation N/A Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 86
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Beth Fascitelli		Date of Receipt	
	Mailing Address 25 E. End Ave. Apt. 11 G		M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-207
	New York	NY	10028-7052	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		2300.00		
Name of Employer Goldman Sachs & Company		Occupation Banker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Poelker		Date of Receipt	
	Mailing Address PO Box 220		M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-208
	Windham	NY	12496	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
Name of Employer Alt. Log Homes		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Roberta Schneiderman		Date of Receipt	
	Mailing Address 203 E. 72nd St.		M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 7	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI-209
	New York	NY	10021-4568	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer N/A		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Abigail Disney

Mailing Address 300 W. End Ave.  
#5A

City State Zip Code  
New York NY 10023-8156

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

Name of Employer Self-Employed  
Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID:** SA11AI-217

Amount of Each Receipt this Period  
2500.00

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia Wolff

Mailing Address 381 W. 83rd St.

City State Zip Code  
New York NY 10024

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

Name of Employer Merrill Lynch  
Occupation Financial Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID:** SA11AI-219

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sherrell Cuhback

Mailing Address 80 East End Ave.

City State Zip Code  
New York NY 10028

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

Name of Employer Self-Employed  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2007

**Transaction ID:** SA11AI-221

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 86  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial)  
Betty Cotton

Mailing Address 86 Sheldrake Rd.

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** SA11AI-222

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory Todd

Mailing Address 888 Seventh Ave.

City State Zip Code  
New York NY 10106

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** SA11AI-223

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Widmeyer

Mailing Address 895 Broadway  
Floor 5

City State Zip Code  
New York NY 10003-1226

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

Name of Employer Widmeyer Communications Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** SA11AI-225

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 62 / 86  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Michael Wolf

Mailing Address 130 Watts St.  
Apt. 6S

City State Zip Code  
New York NY 10013-1773

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt 11 / 30 / 2007  
Transaction ID: SA11AI-226  
Amount of Each Receipt this Period 28500.00

**B.** Full Name (Last, First, Middle Initial)  
Anne Dinning

Mailing Address 130 Watts St.  
Apt. 6S

City State Zip Code  
New York NY 10013-1773

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

Name of Employer D.E. Shaw & Co. Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 28500.00

Date of Receipt 11 / 30 / 2007  
Transaction ID: SA11AI-227  
Amount of Each Receipt this Period 28500.00

**C.** Full Name (Last, First, Middle Initial)  
Diane Edmann-Sager

Mailing Address 97 Bergen St.

City State Zip Code  
Brooklyn NY 11201

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

Name of Employer Christie Company Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2007  
Transaction ID: SA11AI-229  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 57250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 86  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.**

Full Name (Last, First, Middle Initial) Vincent FitzPatrick		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
Mailing Address 1155 Ave of Americas		<b>Transaction ID:</b> SA11AI-230
City New York	State NY	Zip Code 10036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3500.00
Name of Employer White & Case LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

**B.**

Full Name (Last, First, Middle Initial) Michael L. Ryan		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 33 W. 81st St.		<b>Transaction ID:</b> SA11AI-239
City New York	State NY	Zip Code 10024-6009
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4600.00
Name of Employer Cleary Gottlieb	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

**C.**

Full Name (Last, First, Middle Initial) Carol Lynton		Date of Receipt MM / DD / YYYY 12 / 10 / 2007
Mailing Address 33 W. 81st Street		<b>Transaction ID:</b> SA11AI-240
City New York	State NY	Zip Code 10024-5729
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4600.00
Name of Employer Dinex	Occupation Restauratuer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 86
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b>	Full Name (Last, First, Middle Initial) Donald J. Trump		Date of Receipt
	Mailing Address 725 5th Ave. Floor 26		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 1 / 2 0 0 7
	City	State	Zip Code
	New York	NY	10022-2519
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-233
Name of Employer The Trump Organization		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2100.00
		<input type="text"/> 2100.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Samuel B. Wheeler		Date of Receipt
	Mailing Address PO Box 4		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 8 / 2 0 0 7
	City	State	Zip Code
	North Granville	NY	12854
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-242
Name of Employer Grace Church School		Occupation Educator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 3100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 299450.00



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

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

FOR LINE NUMBER: PAGE 65 / 86  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Plumbers Local Union #1 N.Y.C PAC  
Mailing Address 15829 Crossbay Blvd.  
City State Zip Code  
Howard Beach NY 11414-3137  
FEC ID number of contributing federal political committee. **C** C00327478  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 11 / 14 / 2007  
Transaction ID: SA11C-156  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Enterprise Association of Steamfitters Local 638 PAC  
Mailing Address 32-34 48th Ave.  
City State Zip Code  
Long Island NY 11101  
FEC ID number of contributing federal political committee. **C** C00386821  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 11 / 14 / 2007  
Transaction ID: SA11C-157  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Wolf Block Federal PAC  
Mailing Address 1650 Arch St. FI 22  
City State Zip Code  
Philadelphia PA 19103  
FEC ID number of contributing federal political committee. **C** C00162719  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 11 / 14 / 2007  
Transaction ID: SA11C-158  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ► 2000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Kyle Alderson	Transaction ID: SB21B-13 Date of Disbursement 10 / 31 / 2007
	Mailing Address 1010 G St. SW Apt. 110	Amount of Each Disbursement this Period 147.61
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Generic Cmte. Postage Candidate Name	001 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) ▼

B.	Full Name (Last, First, Middle Initial) National Flag & Display Co	Transaction ID: SB21B-14 Date of Disbursement 10 / 31 / 2007
	Mailing Address 22 West 21st Street	Amount of Each Disbursement this Period 769.46
	City New York State NY Zip Code 10010	
	Purpose of Disbursement Fundraising Event Supplies 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) ▼

C.	Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: SB21B-173 Date of Disbursement 10 / 31 / 2007
	Mailing Address P.O. Box 390728	Amount of Each Disbursement this Period 385.14
	City Cambridge State MA Zip Code 02139	
	Purpose of Disbursement Credit Card Processing 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1302.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc. <hr/> Mailing Address P.O. Box 390728 <hr/> City Cambridge State MA Zip Code 02139 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> 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>Transaction ID:</b> SB21B-174 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 7
	Amount of Each Disbursement this Period 2901.32 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc. <hr/> Mailing Address P.O. Box 390728 <hr/> City Cambridge State MA Zip Code 02139 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> 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>Transaction ID:</b> SB21B-215 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 784.10 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc. <hr/> Mailing Address P.O. Box 390728 <hr/> City Cambridge State MA Zip Code 02139 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> 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>Transaction ID:</b> SB21B-216 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 7
	Amount of Each Disbursement this Period 361.43 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4046.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: SB21B-213 Date of Disbursement																			
	Mailing Address P.O. Box 390728	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	7	7												
	City Cambridge State MA Zip Code 02139	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fees	<table border="1"><tr><td>256.75</td></tr></table>	256.75																		
256.75																					
	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) ▼																			

B.	Full Name (Last, First, Middle Initial) Bank of America, N.A.	Transaction ID: SB21B-176 Date of Disbursement																			
	Mailing Address P.O. Box 27025	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	7	7												
	City Richmond State VA Zip Code 23261-7025	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Committee Banking Supplies	<table border="1"><tr><td>60.00</td></tr></table>	60.00																		
60.00																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: SB21B-214 Date of Disbursement																			
	Mailing Address P.O. Box 390728	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	7	7												
	City Cambridge State MA Zip Code 02139	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Processing Fees	<table border="1"><tr><td>622.13</td></tr></table>	622.13																		
622.13																					
	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) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>938.88</td></tr></table>	938.88
938.88		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b> Full Name (Last, First, Middle Initial) ASAP Printing & Graphics Mailing Address 2805 Mount Vernon Ave. City Alexandria State VA Zip Code 22301 Purpose of Disbursement Generic Cmte. Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-177 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 8558.45 Category/Type 002

<b>B.</b> Full Name (Last, First, Middle Initial) Churchill Road Group Mailing Address 1425 P Street, NW #502 City Washington State DC Zip Code 20005 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-178 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 613.93 Category/Type 002

<b>C.</b> Full Name (Last, First, Middle Initial) Rachel Fischetti Mailing Address 2827 28th St. Apt. 30 City Washington State DC Zip Code 20008 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-179 Date of Disbursement 11 / 19 / 2007
	Amount of Each Disbursement this Period 29.38 Category/Type 002

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9201.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Amanda Swenson	Transaction ID: SB21B-180 Date of Disbursement 11 / 19 / 2007
	Mailing Address 4419 North 4th Road Apt. 2	Amount of Each Disbursement this Period 53.24
	City Arlington State VA Zip Code 22203	
	Purpose of Disbursement Travel Candidate Name	002 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) ▼

B.	Full Name (Last, First, Middle Initial) Diana Fassbender	Transaction ID: SB21B-181 Date of Disbursement 11 / 20 / 2007
	Mailing Address 1629 Columbia Road, NW Apt. 630	Amount of Each Disbursement this Period 83.30
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Travel Candidate Name	002 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) ▼

C.	Full Name (Last, First, Middle Initial) Mandarin Oriental, New York	Transaction ID: SB21B-182 Date of Disbursement 11 / 20 / 2007
	Mailing Address 80 Columbus Circle at 60th St.	Amount of Each Disbursement this Period 33675.71
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Fundraising Events/Meetings 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>33812.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-183 Date of Disbursement 11 / 21 / 2007
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 267.31
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Fundraising Event Supplies 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) ▼
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) STAPLES	Transaction ID: SB21B-183-20000 Date of Disbursement 10 / 11 / 2007
	Mailing Address 1901 L St NW	Amount of Each Disbursement this Period 267.31
	City WASHINGTON State DC Zip Code 20036	
	Purpose of Disbursement Fundraising Event Supplies 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) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-184 Date of Disbursement 11 / 21 / 2007
	Mailing Address P.O. Box 53155	Amount of Each Disbursement this Period 982.40
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		See Attached Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1249.71
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: SB21B-184-20000
	Mailing Address 3150 139th Avenue SE	Date of Disbursement 10 / 17 / 2007
	City Bellevue State WA Zip Code 98005-	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) UNITED AIR	Transaction ID: SB21B-184-30000
	Mailing Address 1200 E. Algonquin Rd., P.O. Box	Date of Disbursement 10 / 30 / 2007
	City Elk Grove Township State IL Zip Code 60007	Amount of Each Disbursement this Period 325.80
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) UNITED AIR	Transaction ID: SB21B-184-40000
	Mailing Address 1200 E. Algonquin Rd., P.O. Box	Date of Disbursement 10 / 30 / 2007
	City Elk Grove Township State IL Zip Code 60007	Amount of Each Disbursement this Period 325.80
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

<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 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.

Full Name (Last, First, Middle Initial)  
UNITED AIR

Mailing Address 1200 E. Algonquin Rd., P.O. Box

City Elk Grove Township State IL Zip Code 60007

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-184-50000  
Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

325.80

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-185  
Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

276.19

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)  
AMTRAK INTER

Mailing Address 50 Massachusetts Ave NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B-185-20000  
Date of Disbursement

11 / 05 / 2007

Amount of Each Disbursement this Period

244.00

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ▶

276.19

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) DEAN & DELUCA	Transaction ID: SB21B-185-30000
	Mailing Address 9 Rockefeller Center	Date of Disbursement 11 / 05 / 2007
	City NEW YORK State NY Zip Code 10020	Amount of Each Disbursement this Period 32.19
	Purpose of Disbursement Travel Candidate Name	002 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) ▼

**[MEMO ITEM]**  
Memo Entry

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-186
	Mailing Address P.O. Box 53155	Date of Disbursement 11 / 21 / 2007
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period 8000.00
	Purpose of Disbursement Fundraising Events/Meetings 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) ▼

See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) MANDARIN ORIENTAL NY	Transaction ID: SB21B-186-20000
	Mailing Address 80 60th Street	Date of Disbursement 10 / 15 / 2007
	City NEW YORK State NY Zip Code 10023	Amount of Each Disbursement this Period 8000.00
	Purpose of Disbursement Fundraising Events/Meetings 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) ▼

**[MEMO ITEM]**  
Memo Entry

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B-187 Date of Disbursement
	Mailing Address P.O. Box 53155	<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="916.20"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	See Attached Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) AMTRAK INTER	Transaction ID: SB21B-187-20000 Date of Disbursement
	Mailing Address 60 Massachusetts Ave., NE	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="215.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: SB21B-187-30000 Date of Disbursement
	Mailing Address 3150 139th Avenue SE	<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City Bellevue State WA Zip Code 98005-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="5.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM] Memo Entry
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="916.20"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: SB21B-187-40000
	Mailing Address 3150 139th Avenue SE	Date of Disbursement 10 / 19 / 2007
	City Bellevue State WA Zip Code 98005-	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) EXPEDIA	Transaction ID: SB21B-187-50000
	Mailing Address 3150 139th Avenue SE	Date of Disbursement 10 / 22 / 2007
	City Bellevue State WA Zip Code 98005-	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) USAIRWAYS	Transaction ID: SB21B-187-60000
	Mailing Address 4000 E. Sky Harbor Blvd	Date of Disbursement 10 / 31 / 2007
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period 467.80
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

<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 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) USAIRWAYS	Transaction ID: SB21B-187-70000
	Mailing Address 4000 E. Sky Harbor Blvd	Date of Disbursement 10 / 31 / 2007
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period 218.40
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-188
	Mailing Address PO Box 371461	Date of Disbursement 11 / 21 / 2007
	City Pittsburgh State PA Zip Code 15250-7461	Amount of Each Disbursement this Period 36.12
	Purpose of Disbursement Generic Cmte. Delivery Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carey International Inc.	Transaction ID: SB21B-210
	Mailing Address Billing Department PO Box 631414	Date of Disbursement 11 / 30 / 2007
	City Baltimore State MD Zip Code 21263-1414	Amount of Each Disbursement this Period 148.48
	Purpose of Disbursement Travel Candidate Name	002 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	184.60
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Generic Cmte. Delivery Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-211 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 19.57

<b>B.</b> Full Name (Last, First, Middle Initial) Jose Luis Ramirez Mailing Address 202 Union Avenue #5 City New Rochelle State NY Zip Code 10801 Purpose of Disbursement Fundraising Event Photography Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-212 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 425.00

<b>C.</b> Full Name (Last, First, Middle Initial) Auburn Quad, Inc. Mailing Address P.O. Box 390728 City Cambridge State MA Zip Code 02139 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B-218 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 116.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	561.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Auburn Quad, Inc.	Transaction ID: SB21B-257 Date of Disbursement 11 / 30 / 2007
	Mailing Address P.O. Box 390728	Amount of Each Disbursement this Period 148.13
	City Cambridge State MA Zip Code 02139	
	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: SB21B-234 Date of Disbursement 12 / 12 / 2007
	Mailing Address PO Box 371461	Amount of Each Disbursement this Period 103.51
	City Pittsburgh State PA Zip Code 15250-7461	
	Purpose of Disbursement Generic Cmte. Delivery Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mandarin Oriental, New York	Transaction ID: SB21B-235 Date of Disbursement 12 / 12 / 2007
	Mailing Address 80 Columbus Circle at 60th St.	Amount of Each Disbursement this Period 1788.19
	City New York State NY Zip Code 10023	
	Purpose of Disbursement Fundraising Events/Meetings	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2039.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Bank of America, N.A.	Transaction ID: SB21B-236 Date of Disbursement
	Mailing Address P.O. Box 27025	<input type="text" value="12"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Richmond State VA Zip Code 23261-7025	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="909.93"/>
	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) ▼
		002 Category/ Type
		See Attached Memo Entry

B.	Full Name (Last, First, Middle Initial) PARK CENTRAL HOTEL	Transaction ID: SB21B-236-20000 Date of Disbursement
	Mailing Address 870 7th Ave	<input type="text" value="11"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New York State NY Zip Code 10019	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="428.14"/>
	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) ▼
		002 Category/ Type
		[MEMO ITEM] Memo Entry

C.	Full Name (Last, First, Middle Initial) PARK CENTRAL HOTEL	Transaction ID: SB21B-236-30000 Date of Disbursement
	Mailing Address 870 7th Ave	<input type="text" value="11"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City New York State NY Zip Code 10019	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name	<input type="text" value="421.85"/>
	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) ▼
		002 Category/ Type
		[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="909.93"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) SHARIS BERRIES	Transaction ID: SB21B-236-40000 Date of Disbursement																			
	Mailing Address 3715 Atherton Rd., Suite 6	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	9	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	9	/	2	0	0	7												
	City State Zip Code Rocklin CA 95765	Amount of Each Disbursement this Period <table border="1"><tr><td>59.94</td></tr></table>	59.94																		
59.94																					
	Purpose of Disbursement Fundraising Events/Meetings	[MEMO ITEM] Memo Entry																			
	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:																				

B.	Full Name (Last, First, Middle Initial) Bank of America, N.A.	Transaction ID: SB21B-237 Date of Disbursement																			
	Mailing Address P.O. Box 27025	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	1	8	/	2	0	0	7												
	City State Zip Code Richmond VA 23261-7025	Amount of Each Disbursement this Period <table border="1"><tr><td>54.87</td></tr></table>	54.87																		
54.87																					
	Purpose of Disbursement Travel	See Attached Memo Entry																			
	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:																				

C.	Full Name (Last, First, Middle Initial) AMTRAK	Transaction ID: SB21B-237-20000 Date of Disbursement																			
	Mailing Address 60 Massachusetts Ave., NE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	0	6	/	2	0	0	7												
	City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period <table border="1"><tr><td>48.00</td></tr></table>	48.00																		
48.00																					
	Purpose of Disbursement Travel	[MEMO ITEM] Memo Entry																			
	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:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>54.87</td></tr></table>	54.87
54.87		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) AU BON PAIN	Transaction ID: SB21B-237-30000
	Mailing Address 40 Massachusetts Ave NE	Date of Disbursement MM / DD / YYYY 11 / 06 / 2007
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 6.87
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

B.	Full Name (Last, First, Middle Initial) Bank of America, N.A.	Transaction ID: SB21B-238
	Mailing Address P.O. Box 27025	Date of Disbursement MM / DD / YYYY 12 / 18 / 2007
	City Richmond State VA Zip Code 23261-7025	Amount of Each Disbursement this Period 548.84
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		See Attached Memo Entry

C.	Full Name (Last, First, Middle Initial) SERAFINA BROADWAY	Transaction ID: SB21B-238-20000
	Mailing Address 210 W. 55th Street	Date of Disbursement MM / DD / YYYY 11 / 06 / 2007
	City New York State NY Zip Code 10019	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement Travel Candidate Name	002 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) ▼
		[MEMO ITEM] Memo Entry

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	548.84
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.

Full Name (Last, First, Middle Initial)  
PARK CENTRAL HOTEL

Mailing Address 870 Seventh Avenue at 56th Str

City State Zip Code  
New York NY 10019

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-238-30000  
Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

387.84

[MEMO ITEM]  
Memo Entry

B.

Full Name (Last, First, Middle Initial)  
AMTRAK

Mailing Address 60 Massachusetts Ave., NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-238-40000  
Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

98.00

[MEMO ITEM]  
Memo Entry

C.

Full Name (Last, First, Middle Initial)  
UNION STATION PARKING

Mailing Address 100 Massachusetts Ave.

City State Zip Code  
Washington DC 20007

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B-238-50000  
Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

33.00

[MEMO ITEM]  
Memo Entry

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

**SCHEDULE B (FEC Form 3X)  
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"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.

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

Transaction ID: SB21B-259

Date of Disbursement

Mailing Address PO Box 371461

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		3	1		2	0	0	7

City Pittsburgh State PA Zip Code 15250-7461

Amount of Each Disbursement this Period

19.74
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Purpose of Disbursement  
Generic Cmte. Delivery Expense

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

19.74

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

64062.96

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB22-95 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE 2nd Floor	<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer	<input type="text" value="50000.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: SB22-232 Date of Disbursement
	Mailing Address 430 South Capitol Street, SE 2nd Floor	<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer	<input type="text" value="95000.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Gillibrand for Congress	Transaction ID: SB22-241 Date of Disbursement
	Mailing Address P. O. Box 15734	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City Hudson State NY Zip Code 12534	Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer	<input type="text" value="87000.00"/>
	Candidate Name Mrs. Kirsten Elizabeth Gillibrand	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="232000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
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"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Gillibrand Victory Fund

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Transfer

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22-262

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

4931.12

**B.** Full Name (Last, First, Middle Initial)  
Gillibrand for Congress

Mailing Address P. O. Box 15734

City Hudson State NY Zip Code 12534

Purpose of Disbursement  
Transfer

Candidate Name  
Mrs. Kirsten Elizabeth Gillibrand

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Transaction ID: SB22-263

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

3405.92

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

8337.04

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

240337.04