

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

05 JAN 31 PM 3:40 **LD**

Office Use Only

1. NAME OF COMMITTEE (In Full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Exemplar: typing, type over the lines

Friends of Schumer

ADDRESS (number and street) **60 Madison Ave, Suite 102B**



Check if different than previously reported. (ACC)

New York

NY

10010

2. FEC IDENTIFICATION NUMBER **C00348912**

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

CITY STATE ZIP CODE STATE DISTRICT

NY 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on

In the State of

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

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

Election on

In the State of

5. Covering Period **11 23 2004** through **12 31 2004**

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

Type or Print Name of Treasurer **Steven D. Goldenkranz**

Signature of Treasurer

Date

01 24 2005

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

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Schumer

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
1 1 2 3 2 0 0 4 1 2 3 1 2 0 0 4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	23128.40	29323.40
(b) Total Contribution Refunds (from Line 20(d)).....	3240.00	3240.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19888.40	26083.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	54190.06	54530.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	2753.12	2753.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51436.94	51777.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10029291.88	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Schumer

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
1 1 2 3 2 0 0 4 1 2 3 1 2 0 0 4

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21750.00	
(ii) Unitemized.....	278.40	
(iii) TOTAL of contributions from individuals..... ▶	22028.40	28223.40
	0.00	0.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	1100.00	1100.00
	0.00	0.00
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	23128.40	29323.40
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
	0.00	0.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	2753.12	2753.12
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	17496.80	30583.99
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	43378.32	62660.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	54,190.06	54,530.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	3,240.00	3,240.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3,240.00	3,240.00
21. OTHER DISBURSEMENTS.....	-4,900.00	-4,900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	8,430.06	8,770.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	999,4343.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 18, page 3).....	43,378.32
25. SUBTOTAL (add Line 23 and Line 24).....	1,003,7721.82
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8,430.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,002,9291.86

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

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

FOR LINE NUMBER:		PAGE 5 / 41	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial) A. Ian B. Aaron		Date of Receipt 1 / 23 / 2004	
Mailing Address 345 S. Crescent Dr.		Transaction ID: C38637	
City Beverly Hills	State CA	Zip Code 90212	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))	
Name of Employer TV Guide Television Group	Occupation President		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Bruce W. Boyes		Date of Receipt 12 / 15 / 2004	
Mailing Address 15 Campbell Road Ct.		Transaction ID: C38674	
City Binghamton	State NY	Zip Code 13905	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))	
Name of Employer Security Mutual Life Insurance	Occupation President		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. James C. Bnetton		Date of Receipt 12 / 21 / 2004	
Mailing Address 140 Cabrini Blvd. Apt. 88		Transaction ID: C38673	
City New York	State NY	Zip Code 10033	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	[]

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

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

FOR LINE NUMBER: PAGE 6 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
John A. Gaskinville
Mailing Address 817 Fifth Ave
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. C
Name of Employer GrubHub Occupation Chairman & CEO
Receipt For: 2010
 Primary General
 Other (specify) *
Election Cycle-to-Date 1000.00
Date of Receipt 11 / 30 / 2004
Transaction ID: C38651
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

B. Full Name (Last, First, Middle Initial)
Margo Cersimattile
Mailing Address 817 5th Ave.
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. C
Name of Employer Occupation Homemaker
Receipt For: 2010
 Primary General
 Other (specify) *
Election Cycle-to-Date 1000.00
Date of Receipt 11 / 30 / 2004
Transaction ID: C38652
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

C. Full Name (Last, First, Middle Initial)
Megan H. Faha
Mailing Address 6 Oak Tree Dr.
City Binghamton State NY Zip Code 13903
FEC ID number of contributing federal political committee. C
Name of Employer Faha Roulstone Occupation Owner
Receipt For: 2010
 Primary General
 Other (specify) *
Election Cycle-to-Date 1000.00
Date of Receipt 11 / 23 / 2004
Transaction ID: C38641
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1)-(1))

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

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

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

FOR LINE NUMBER: PAGE 7 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Andrew E. Manatos
Mailing Address 6856 Tulip Hill Terrace
City State Zip Code
Bethesda MD 20815
FEC ID number of contributing federal political committee. C
Name of Employer Manatos & Manatos
Occupation Consultant
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 11 / 30 / 2004
Transaction ID: C38655
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(4)(41a-1))

B. Full Name (Last, First, Middle Initial)
Karon Mahiel
Mailing Address 373 Park Ave., S
City State Zip Code
New York NY 10016
FEC ID number of contributing federal political committee. C
Name of Employer
Occupation Homemaker
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 2000.00

Date of Receipt 11 / 30 / 2004
Transaction ID: C38656
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(4)(41a-1))

C. Full Name (Last, First, Middle Initial)
John L. Macione
Mailing Address 24 Monroe Pl.
City State Zip Code
Brooklyn NY 11201
FEC ID number of contributing federal political committee. C
Name of Employer Valuemedics
Occupation Managing Director
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 250.00

Date of Receipt 12 / 13 / 2004
Transaction ID: C38657
Amount of Each Receipt this Period 250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(4)(41a-1))

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

2750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Carol Moutaris

Mailing Address 425 East 56th St.
Apt. 32H

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Information Requested
Information Requested

Receipt For: 2010
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1750.00

Date of Receipt
11 / 30 / 2004

Transaction ID: C38654

Amount of Each Receipt this Period
1750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

B. Full Name (Last, First, Middle Initial)
Nikos Moutaris

Mailing Address 425 East 56th St.
Apt. 32H

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MANA Products Inc. President

Receipt For: 2010
 Primary General
 Other (specify) _____

Election Cycle-to-Date
1750.00

Date of Receipt
11 / 30 / 2004

Transaction ID: C38653

Amount of Each Receipt this Period
1750.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

C. Full Name (Last, First, Middle Initial)
Anastasia Papenicolou

Mailing Address 171 85th St.

City State Zip Code
Brooklyn NY 11209

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker

Receipt For: 2010
 Primary General
 Other (specify) _____

Election Cycle-to-Date
2000.00

Date of Receipt
11 / 30 / 2004

Transaction ID: C38650

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 41
(check only one)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Aspects E. Thomas
Mailing Address 3283 Arcadia Pl., NW
City Washington State DC Zip Code 20015
FEC ID number of contributing federal political committee. C
Name of Employer Occupation Homemaker
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 2000.00

Date of Receipt 11 / 30 / 2004
Transaction ID: C38648
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

B. Full Name (Last, First, Middle Initial)
Helene P. Thomas
Mailing Address 3283 Arcadia Place, NW
City Washington State DC Zip Code 20015
FEC ID number of contributing federal political committee. C
Name of Employer Self Employed Occupation Consultant
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 11 / 30 / 2004
Transaction ID: C38648
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))

C. Full Name (Last, First, Middle Initial)
Hinman Howard Kirtzel, LLP
Mailing Address 700 Security Mutual Bldg.
PO Box 5250
City Binghamton State NY Zip Code 13901
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 11 / 23 / 2004
Transaction ID: C38625
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)-(1))
PARTNERSHIP—partners below if itemized

SUBTOTAL of Receipts This Page (optional) 3500.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 41
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
James W. Orband
Mailing Address c/o Hinman Howard Kattell, LLP
700 Security Mutual Bldg., Box 525
City Binghamton State NY Zip Code 13801
FEC ID number of contributing federal political committee. C
Name of Employer Hinman Howard Kattell, LLP Occupation Partner
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 1000.00

Date of Receipt 11 / 23 / 2004
Transaction ID: C38626
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)1a-1)
(MEMO ITEM)

B. Full Name (Last, First, Middle Initial)
Levene Gouldin & Thompson, LLP
Mailing Address PO Box F-1706
City Binghamton State NY Zip Code 13802
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 11 / 23 / 2004
Transaction ID: C38634
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)1a-1)
PARTNERSHIP—partners below if itemized

C. Full Name (Last, First, Middle Initial)
Gary W. Farrell
Mailing Address c/o Levene Gouldin & Thompson, LLP
PO Box F-1706
City Binghamton State NY Zip Code 13802
FEC ID number of contributing federal political committee. C
Name of Employer Levene Gouldin & Thompson, LLP Occupation Partner
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date 500.00

Date of Receipt 11 / 23 / 2004
Transaction ID: C38635
Amount of Each Receipt this Period 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)1a-1)
(MEMO ITEM)

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
W&D Leasing, LLC

Mailing Address PO Box 450

City Conklin State NY Zip Code 13748

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) _____

Election Cycle-to-Date 4000.00

Date of Receipt 11 / 23 / 2004

Transaction ID: C38628

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

LLC permissible funds see below if itemized

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

Mailing Address c/o W & D Leasing, LLC
PO Box 450

City Conklin State NY Zip Code 13748

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
W & D Leasing, LLC Member

Receipt For: 2010
 Primary General
 Other (specify) _____

Election Cycle-to-Date 2000.00

Date of Receipt 11 / 23 / 2004

Transaction ID: C38632

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
William Malnes

Mailing Address c/o W & D Leasing, LLC
PO Box 450

City Conklin State NY Zip Code 13748

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
W & D Leasing, LLC Member

Receipt For: 2010
 Primary General
 Other (specify) _____

Election Cycle-to-Date 2000.00

Date of Receipt 11 / 23 / 2004

Transaction ID: C38630

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial)
A. W&D Leasing, LLC

Mailing Address PO Box 450

City State Zip Code
Conklin NY 13748

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) *

Election Cycle-to-Date ▼
4000.00

Date of Receipt
11 / 23 / 2004

Transaction ID: C38629

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A)-1)

LLC permissible funds see below if itemized

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

Mailing Address c/o W & D Leasing, LLC
PO Box 450

City State Zip Code
Conklin NY 13748

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

Name of Employer Occupation
W & D Leasing, LLC Member

Receipt For: 2010
 Primary General
 Other (specify) *

Election Cycle-to-Date ▼
2000.00

Date of Receipt
11 / 23 / 2004

Transaction ID: C38633

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A)-1)
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. William Malnos

Mailing Address c/o W & D Leasing, LLC
PO Box 450

City State Zip Code
Conklin NY 13748

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

Name of Employer Occupation
W & D Leasing, LLC Member

Receipt For: 2010
 Primary General
 Other (specify) *

Election Cycle-to-Date ▼
2000.00

Date of Receipt
11 / 23 / 2004

Transaction ID: C38631

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(A)-1)
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶

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

2000.00

21750.00

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

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

FOR LINE NUMBER: PAGE 13 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
General Electric PAC
 Mailing Address 1299 Penn Ave. N.W.
Suite 1100
 City Washington State DC Zip Code 20004-2407
 FEC ID number of contributing federal political committee. C C00024869
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date 100.00

Date of Receipt
 11 / 23 / 2004
 Transaction ID: C38627
 Amount of Each Receipt this Period
 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1))

B. Full Name (Last, First, Middle Initial)
ICFA Political Action Committee
 Mailing Address 1895 Preston White Dr.
Suite 220
 City Reston State VA Zip Code 20191
 FEC ID number of contributing federal political committee. C C00385195
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 11 / 23 / 2004
 Transaction ID: C38638
 Amount of Each Receipt this Period
 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1))

SUBTOTAL of Receipts This Page (optional) 1100.00
 TOTAL This Period (last page this line number only) 1100.00

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

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

FOR LINE NUMBER: PAGE 14 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
HSBC Bank USA
 Mailing Address 1802 Kings Highway
 City State Zip Code
 Brooklyn NY 11228
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4185.05
 Date of Receipt
 11 / 23 / 2004
 Transaction ID: C38661
 Amount of Each Receipt this Period
 115.90
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)
 Bank Charge Expense Refund

B. Full Name (Last, First, Middle Initial)
HSBC Bank USA
 Mailing Address 1602 Kings Highway
 City State Zip Code
 Brooklyn NY 11228
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4185.05
 Date of Receipt
 12 / 03 / 2004
 Transaction ID: C38665
 Amount of Each Receipt this Period
 914.81
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)
 Bank Charge Expense Refund

C. Full Name (Last, First, Middle Initial)
HSBC Bank USA
 Mailing Address 1602 Kings Highway
 City State Zip Code
 Brooklyn NY 11228
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4185.05
 Date of Receipt
 12 / 03 / 2004
 Transaction ID: C38664
 Amount of Each Receipt this Period
 2229.32
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1)
 Bank Charge Expense Refund

SUBTOTAL of Receipts This Page (optional) 2654.03
 TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial) A. HSBC Bank USA Mailing Address 1602 Kings Highway City State Zip Code Brooklyn NY 11229		Date of Receipt 12 / 10 / 2004 Transaction ID: C38686 Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(A)-1) Bank Charge Expense Refund
Name of Employer Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 4185.05	

SUBTOTAL of Receipts This Page (optional)	52.10
TOTAL This Period (last page this line number only)	2706.13

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

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

FOR LINE NUMBER: PAGE 16 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
HSBC Bank USA
Mailing Address 1602 Kings Highway
City State Zip Code
Brooklyn NY 11228
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date
4185.05

Date of Receipt
11 / 30 / 2004
Transaction ID: C38668
Amount of Each Receipt this Period
730.98
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(7)(441a-1))
* Interest

B. Full Name (Last, First, Middle Initial)
HSBC Bank USA
Mailing Address 1602 Kings Highway
City State Zip Code
Brooklyn NY 11228
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date
4185.05

Date of Receipt
11 / 30 / 2004
Transaction ID: C38667
Amount of Each Receipt this Period
71.08
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(7)(441a-1))
* Interest

C. Full Name (Last, First, Middle Initial)
HSBC Bank USA
Mailing Address 1602 Kings Highway
City State Zip Code
Brooklyn NY 11229
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)
Election Cycle-to-Date
4185.05

Date of Receipt
12 / 31 / 2004
Transaction ID: C38677
Amount of Each Receipt this Period
675.86
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(7)(441a-1))
* Interest

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

1478.92

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

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

FOR LINE NUMBER: PAGE 17 / 41
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC
 Mailing Address 9201 Fourth Ave.
4th Floor
 City State Zip Code
Brooklyn NY 11209
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date 29105.07

Date of Receipt
MM / DD / YYYY
1 / 23 / 2004
 Transaction ID: C38669
 Amount of Each Receipt this Period
1139.71
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)
 * Interest

B. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC
 Mailing Address 9201 Fourth Ave.
4th Floor
 City State Zip Code
Brooklyn NY 11209
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date 29105.07

Date of Receipt
MM / DD / YYYY
11 / 30 / 2004
 Transaction ID: C38670
 Amount of Each Receipt this Period
4420.86
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)
 * Interest

C. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC
 Mailing Address 9201 Fourth Ave.
4th Floor
 City State Zip Code
Brooklyn NY 11209
 FEC ID number of contributing federal political committee: C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle-to-Date 29105.07

Date of Receipt
MM / DD / YYYY
12 / 01 / 2004
 Transaction ID: C38671
 Amount of Each Receipt this Period
2850.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)
 * Interest

SUBTOTAL of Receipts This Page (optional) 8410.57
 TOTAL This Period (last page this line number only)

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

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

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(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC
 Mailing Address 9201 Fourth Ave.
4th Floor
 City State Zip Code
Brooklyn NY 11209
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle 40-Date 29105.07

Date of Receipt
12 / 29 / 2004
 Transaction ID: C38678
 Amount of Each Receipt this Period
2445.56
 Limit Increased Due to Opponent's Spending [2 U.S.C. 441a(j)(4)(1a-1)]
 * Interest

B. Full Name (Last, First, Middle Initial)
Janney Montgomery Scott, LLC
 Mailing Address 9201 Fourth Ave.
4th Floor
 City State Zip Code
Brooklyn NY 11209
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify)
 Election Cycle 40-Date 29105.07

Date of Receipt
12 / 31 / 2004
 Transaction ID: C38678
 Amount of Each Receipt this Period
5161.75
 Limit Increased Due to Opponent's Spending [2 U.S.C. 441a(j)(4)(1a-1)]
 * Interest

SUBTOTAL of Receipts This Page (optional) 7607.31
 TOTAL This Period (last page this line number only) 17496.80

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial) A. ADP		Transaction ID: D4664 Date of Disbursement 11 / 23 / 2004	
Mailing Address 1 Penn Plaza		Amount of Each Disbursement this Period 53.27	
City New York State NY Zip Code 12760	Purpose of Disbursement Payroll Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	<input type="checkbox"/> Category/Type 001	

Full Name (Last, First, Middle Initial) B. ADP		Transaction ID: D4663 Date of Disbursement 11 / 23 / 2004	
Mailing Address 1 Penn Plaza		Amount of Each Disbursement this Period 1242.01	
City New York State NY Zip Code 12760	Purpose of Disbursement Payroll Taxes Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	<input type="checkbox"/> Category/Type 001	

Full Name (Last, First, Middle Initial) C. ADP		Transaction ID: D4678 Date of Disbursement 12 / 01 / 2004	
Mailing Address 1 Penn Plaza		Amount of Each Disbursement this Period 49.37	
City New York State NY Zip Code 12760	Purpose of Disbursement Payroll Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	<input type="checkbox"/> Category/Type 001	

SUBTOTAL of Disbursements This Page (optional)	1344.65
TOTAL This Period (last page this line number only)	[]

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. ADP

Full Name (Last, First, Middle Initial) _____
Transaction ID: D4679
Date of Disbursement: 12 / 01 / 2004

Mailing Address: 1 Penn Plaza
Amount of Each Disbursement this Period: 784.09

City: New York State: NY Zip Code: 12760
Purpose of Disbursement: Payroll Taxes Category/Type: 001
Candidate Name: _____
Office Sought: House Senate President
Disbursement For: Primary General
State: _____ District: _____ Other (specify): _____

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

B. ADP

Full Name (Last, First, Middle Initial) _____
Transaction ID: D4706
Date of Disbursement: 12 / 15 / 2004

Mailing Address: 1 Penn Plaza
Amount of Each Disbursement this Period: 47.27

City: New York State: NY Zip Code: 12760
Purpose of Disbursement: Payroll Fee Category/Type: 001
Candidate Name: _____
Office Sought: House Senate President
Disbursement For: Primary General
State: _____ District: _____ Other (specify): _____

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

C. ADP

Full Name (Last, First, Middle Initial) _____
Transaction ID: D4705
Date of Disbursement: 12 / 15 / 2004

Mailing Address: 1 Penn Plaza
Amount of Each Disbursement this Period: 784.09

City: New York State: NY Zip Code: 12760
Purpose of Disbursement: Payroll Taxes Category/Type: 001
Candidate Name: _____
Office Sought: House Senate President
Disbursement For: Primary General
State: _____ District: _____ Other (specify): _____

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1615.45

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. ADP

Full Name (Last, First, Middle Initial)
Mailing Address: 1 Penn Plaza

City: New York State: NY Zip Code: 12760

Purpose of Disbursement: Payroll Taxes
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4728
Date of Disbursement: 12 / 28 / 2004

Amount of Each Disbursement this Period: 784.07

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

B. ADP

Full Name (Last, First, Middle Initial)
Mailing Address: 1 Penn Plaza

City: New York State: NY Zip Code: 12760

Purpose of Disbursement: Payroll Fee
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4738
Date of Disbursement: 12 / 28 / 2004

Amount of Each Disbursement this Period: 47.27

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

C. Jean Bordwich

Full Name (Last, First, Middle Initial)
Mailing Address: 203 Barrytown Rd.

City: Barrytown State: NY Zip Code: 12507

Purpose of Disbursement: Travel
Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4682
Date of Disbursement: 12 / 08 / 2004

Amount of Each Disbursement this Period: 507.50

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

SUBTOTAL of Disbursements This Page (optional)	1398.84
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)		PAGE 22 / 41	
<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial)
A. Empire Health Choice, Inc.

Transaction ID: D4672
Date of Disbursement
11 / 30 / 2004

Mailing Address: P.O. Box 9010
Church St. Station

City: New York State: NY Zip Code: 10256

Purpose of Disbursement: Health Insurance
Candidate Name: _____

Amount of Each Disbursement this Period: 795.26

Category/Type: 001

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

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

Full Name (Last, First, Middle Initial)
B. Empire Health Choice, Inc.

Transaction ID: D4726
Date of Disbursement
12 / 20 / 2004

Mailing Address: P.O. Box 9010
Church St. Station

City: New York State: NY Zip Code: 10256

Purpose of Disbursement: Health Insurance
Candidate Name: _____

Amount of Each Disbursement this Period: 11.36

Category/Type: 001

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

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

Full Name (Last, First, Middle Initial)
C. Harvard Club of NY City

Transaction ID: D4695
Date of Disbursement
12 / 13 / 2004

Mailing Address: 27 West 44th St.

City: New York State: NY Zip Code: 10036

Purpose of Disbursement: Reception Cost
Candidate Name: _____

Amount of Each Disbursement this Period: 4179.88

Category/Type: 003

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) _____

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

SUBTOTAL of Disbursements This Page (optional) 4988.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one) PAGE 23 / 41

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Jill Harvey

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

Mailing Address 491 East Seneca Turnpike

City Syracuse State NY Zip Code 13205

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4694
Date of Disbursement
M M / D D / Y Y F F T T
12 / 13 / 2004

Amount of Each Disbursement this Period
380.25

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

002
Category/Type

B. HSBC Bank USA

Full Name (Last, First, Middle Initial)
HSBC Bank USA

Mailing Address 1602 Kings Highway

City Brooklyn State NY Zip Code 11229

Purpose of Disbursement Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4729
Date of Disbursement
M M / D D / Y Y F F T T
11 / 23 / 2004

Amount of Each Disbursement this Period
52.10

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

001
Category/Type

C. HSBC Bank USA

Full Name (Last, First, Middle Initial)
HSBC Bank USA

Mailing Address 1602 Kings Highway

City Brooklyn State NY Zip Code 11229

Purpose of Disbursement Bank Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4673
Date of Disbursement
M M / D D / Y Y F F T T
11 / 30 / 2004

Amount of Each Disbursement this Period
314.81

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

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) 747.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial) A. HSBC Bank USA		Transaction ID: D4659
Mailing Address 1802 Kings Highway		Date of Disbursement MM / DD / YYYY 12 / 08 / 2004
City Brooklyn	State NY	Zip Code 11229
Purpose of Disbursement Bank Charge	Candidate Name	Amount of Each Disbursement this Period 15.00
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District	Category/ Type 001	

Full Name (Last, First, Middle Initial) B. HSBC Bank USA		Transaction ID: D4747
Mailing Address 1802 Kings Highway		Date of Disbursement MM / DD / YYYY 12 / 31 / 2004
City Brooklyn	State NY	Zip Code 11229
Purpose of Disbursement Bank Charge	Candidate Name	Amount of Each Disbursement this Period 75.46
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District	Category/ Type 001	

Full Name (Last, First, Middle Initial) C. Jennifer Bayer-Michaels		Transaction ID: D4676
Mailing Address 903 Park Ave. Apt. 6 D- E		Date of Disbursement MM / DD / YYYY 12 / 01 / 2004
City New York	State NY	Zip Code 10021
Purpose of Disbursement Consulting Services-Fundraising	Candidate Name	Amount of Each Disbursement this Period 1154.25
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District	Category/ Type 003	

SUBTOTAL of Disbursements This Page (optional)	11644.71
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Schumer

Full Name (Last, First, Middle Initial)

A. Nick Kutryb

Mailing Address BU #0667B
PO Box 6006

City Blinghamton State NY Zip Code 13902

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: D4709

Date of Disbursement

12 / 20 / 2004

Amount of Each Disbursement this Period

201.55

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

002
Category/
Type

Full Name (Last, First, Middle Initial)

B. Devin Licata

Mailing Address 327 St. Nicholas Ave.
Apt. 2H

City New York State NY Zip Code 10027

Purpose of Disbursement
Payroll Wages

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: D4680

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

256.27

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

001
Category/
Type

Full Name (Last, First, Middle Initial)

C. Michael Lynch

Mailing Address 2252 Cathedral Ave.

City Washington State DC Zip Code 20010

Purpose of Disbursement
Payroll Wages

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: D4746

Date of Disbursement

11 / 23 / 2004

Amount of Each Disbursement this Period

753.61

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

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

1211.43

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

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Schumer

Full Name (Last, First, Middle Initial) A. Stephen Mann		Transaction ID: D4693 Date of Disbursement 12 / 13 / 2004
Mailing Address 9 Delaware Ave.		Amount of Each Disbursement This Period 400.80
City Rensselaer State NY Zip Code 12144		
Purpose of Disbursement Travel	Category/Type 002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Newmark & Co Real Estate		Transaction ID: D4674 Date of Disbursement 12 / 01 / 2004
Mailing Address 125 Park Ave.		Amount of Each Disbursement This Period 977.50
City New York State NY Zip Code 10017		
Purpose of Disbursement Rent (includes utilities)	Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP Software, Inc.		Transaction ID: D4689 Date of Disbursement 12 / 13 / 2004
Mailing Address 5039 Connecticut Ave., NW Suite 1A		Amount of Each Disbursement This Period 1650.00
City Washington State DC Zip Code 20008		
Purpose of Disbursement Software	Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	3028.30
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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17 18 18a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
David A. Nurnberg

Transaction ID: D4661
Date of Disbursement
11 / 23 / 2004

Mailing Address 330 East 39th St.
Apt. 19H

City New York State NY Zip Code 10016

Purpose of Disbursement
Payroll Wages

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1284.92

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

001
Category/Type

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

Transaction ID: D4677
Date of Disbursement
12 / 01 / 2004

Mailing Address 330 East 39th St.
Apt. 19H

City New York State NY Zip Code 10016

Purpose of Disbursement
Payroll Wages

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1284.91

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

001
Category/Type

C. Full Name (Last, First, Middle Initial)
David A. Nurnberg

Transaction ID: D4703
Date of Disbursement
12 / 14 / 2004

Mailing Address 330 East 39th St.
Apt. 19H

City New York State NY Zip Code 10016

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
123.74

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

001
Category/Type

SUBTOTAL of Disbursements This Page (optional) 2693.57

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. David A. Numburg

Full Name (Last, First, Middle Initial)
David A. Numburg

Transaction ID: D4704
Date of Disbursement
12 / 15 / 2004

Mailing Address 330 East 39th St.
Apt. 19H

City New York State NY Zip Code 10016

Purpose of Disbursement Payroll Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify):

Amount of Each Disbursement this Period
1284.91

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

Category/Type: 001

B. David A. Numburg

Full Name (Last, First, Middle Initial)
David A. Numburg

Transaction ID: D4727
Date of Disbursement
12 / 29 / 2004

Mailing Address 330 East 39th St.
Apt. 19H

City New York State NY Zip Code 10016

Purpose of Disbursement Payroll Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify):

Amount of Each Disbursement this Period
1284.92

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

Category/Type: 001

C. Daisy Rodriguez

Full Name (Last, First, Middle Initial)
Daisy Rodriguez

Transaction ID: D4682
Date of Disbursement
11 / 23 / 2004

Mailing Address PO Box 613

City New York State NY Zip Code 10032

Purpose of Disbursement Payroll Wages
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify):

Amount of Each Disbursement this Period
355.13

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

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 2924.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Daisy Rodriguez

Mailing Address PO Box 613

City New York State NY Zip Code 10032

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4666
Date of Disbursement
11 / 23 / 2004

Amount of Each Disbursement this Period
56.00

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

B. Full Name (Last, First, Middle Initial)
Ryan, Phillips, Utrecht & MacKinnon

Mailing Address 1133 Connecticut Ave., NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Professional Services-Legal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4682
Date of Disbursement
12 / 13 / 2004

Amount of Each Disbursement this Period
9875.78

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

C. Full Name (Last, First, Middle Initial)
Seniors Against Discrimination

Mailing Address 6 Neptune Rd.

City Rocky Point State NY Zip Code 11778

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4675
Date of Disbursement
12 / 01 / 2004

Amount of Each Disbursement this Period
500.00

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

SUBTOTAL of Disbursements This Page (optional) 10431.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Amanda Spellicy

Transaction ID: D4681
Date of Disbursement
12 / 06 / 2004

Mailing Address 6023 Kimball Rd.

City Blossvale State NY Zip Code 13306

Purpose of Disbursement
Travel

Candidate Name

Amount of Each Disbursement this Period
212.01

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Category/Type: 002

B. Full Name (Last, First, Middle Initial)
Staples

Transaction ID: D4686
Date of Disbursement
11 / 23 / 2004

Mailing Address 2692 Ocean Ave.

City Brooklyn State NY Zip Code 11235

Purpose of Disbursement
Office Supplies

Candidate Name

Amount of Each Disbursement this Period
247.85

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Category/Type: 001

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

Transaction ID: D4687
Date of Disbursement
12 / 09 / 2004

Mailing Address 1551 E 23rd St.

City Brooklyn State NY Zip Code 11210

Purpose of Disbursement
Professional Services-Bookkeeping

Candidate Name

Amount of Each Disbursement this Period
619.24

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 1079.10

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial)
A. Tuck It Away Storage

Transaction ID: D4702
Date of Disbursement
12 / 15 / 2004

Mailing Address 517 West 29th St.

City New York State NY Zip Code 10001

Purpose of Disbursement Storage
Candidate Name

Amount of Each Disbursement this Period
105.00

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District

Category/Type 001

Full Name (Last, First, Middle Initial)
B. Tuck It Away Storage

Transaction ID: D4710
Date of Disbursement
12 / 20 / 2004

Mailing Address 517 West 29th St.

City New York State NY Zip Code 10001

Purpose of Disbursement Storage
Candidate Name

Amount of Each Disbursement this Period
100.00

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District

Category/Type 001

Full Name (Last, First, Middle Initial)
C. United Parcel Service

Transaction ID: D4671
Date of Disbursement
11 / 30 / 2004

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement Postage
Candidate Name

Amount of Each Disbursement this Period
27.76

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

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District

Category/Type 001

SUBTOTAL of Disbursements This Page (optional) 232.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Schumer

Full Name (Last, First, Middle Initial)

A. United Parcel Service

Transaction ID: D4668

Date of Disbursement

MM	DD	YY
11	30	2004

Mailing Address P.O. Box 4980

Amount of Each Disbursement this Period

37.48

City State Zip Code
Hagerstown MD 21747

Purpose of Disbursement
Postage

001
Category/Type

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. United Parcel Service

Transaction ID: D4689

Date of Disbursement

MM	DD	YY
11	30	2004

Mailing Address P.O. Box 4980

Amount of Each Disbursement this Period

176.64

City State Zip Code
Hagerstown MD 21747

Purpose of Disbursement
Postage

001
Category/Type

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. United Parcel Service

Transaction ID: D4670

Date of Disbursement

MM	DD	YY
11	30	2004

Mailing Address P.O. Box 4980

Amount of Each Disbursement this Period

2.83

City State Zip Code
Hagerstown MD 21747

Purpose of Disbursement
Postage

001
Category/Type

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

216.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Schumer

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

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement

Postage

Candidate Name

001

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Transaction ID: D4688

Date of Disbursement

12 / 09 / 2004

Amount of Each Disbursement this Period

451.70

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

B. Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement

Postage

Candidate Name

001

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Transaction ID: D4735

Date of Disbursement

12 / 27 / 2004

Amount of Each Disbursement this Period

2.17

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

C. Full Name (Last, First, Middle Initial)
United Parcel Service

Mailing Address P.O. Box 4980

City Hagerstown State MD Zip Code 21747

Purpose of Disbursement

Postage

Candidate Name

001

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Transaction ID: D4733

Date of Disbursement

12 / 27 / 2004

Amount of Each Disbursement this Period

17.97

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

SUBTOTAL of Disbursements This Page (optional) ▶

471.84

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

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

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

FOR LINE NUMBER: (check only one)		PAGE 34 / 41	
<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial) A. United Parcel Service		Transaction ID: D4734	
Mailing Address P.O. Box 4800		Date of Disbursement	
City Hagerstown State MD Zip Code 21747		12 / 27 / 2004	
Purpose of Disbursement Postage		Amount of Each Disbursement this Period	
Candidate Name		13.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:		001	

Full Name (Last, First, Middle Initial) B. Verdolino & Lowey, P.C.		Transaction ID: D4685	
Mailing Address 124 Washington St Suite 101		Date of Disbursement	
City Foxboro State MA Zip Code 02035		12 / 06 / 2004	
Purpose of Disbursement Professional Services Accounting		Amount of Each Disbursement this Period	
Candidate Name		1120.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:		001	

Full Name (Last, First, Middle Initial) C. Verdolino & Lowey, P.C.		Transaction ID: D4688	
Mailing Address 124 Washington St Suite 101		Date of Disbursement	
City Foxboro State MA Zip Code 02035		12 / 06 / 2004	
Purpose of Disbursement Professional Services Accounting		Amount of Each Disbursement this Period	
Candidate Name		7090.35	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type	
State: District:		001	

SUBTOTAL of Disbursements This Page (optional)	8193.35
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Friends of Schumer

A. Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 489	Transaction ID: D4681 Date of Disbursement 12 / 13 / 2004
--	---

City Newark State NJ Zip Code 07101 Purpose of Disbursement Telephone 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)	Amount of Each Disbursement this Period 317.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 001
---	--

B. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 15124	Transaction ID: D4684 Date of Disbursement 12 / 06 / 2004
---	---

City Albany State NY Zip Code 12212 Purpose of Disbursement Telephone 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)	Amount of Each Disbursement this Period 509.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 001
---	--

C. Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 15124	Transaction ID: D4711 Date of Disbursement 12 / 20 / 2004
---	---

City Albany State NY Zip Code 12212 Purpose of Disbursement Telephone 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)	Amount of Each Disbursement this Period 438.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Category/Type: 001
---	--

SUBTOTAL of Disbursements This Page (optional)	1265.54
TOTAL This Period (last page this line number only)	53426.89

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial)
A. Thomas O. Dodge

Mailing Address 8 Bayside Dr.

City Manhasset State NY Zip Code 11030

Purpose of Disbursement
Refund of 2004 General Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4720
Date of Disbursement
MM / DD / YYYY
11 / 23 / 2004

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. Jeffrey Gural

Mailing Address c/o Newmark & Co. Real Estate, Inc
125 Park Ave.

City New York State NY Zip Code 10019

Purpose of Disbursement
Refund of 2004 Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4721
Date of Disbursement
MM / DD / YYYY
11 / 29 / 2004

Amount of Each Disbursement this Period
2000.00

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

Full Name (Last, First, Middle Initial)
C. Simeon Schwartz

Mailing Address 45 Briarwood Lane

City Lawrence State NY Zip Code 11559

Purpose of Disbursement
Void check prior period

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: D4723
Date of Disbursement
MM / DD / YYYY
12 / 15 / 2004

Amount of Each Disbursement this Period
-500.00

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

SUBTOTAL of Disbursements This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Simeon Schwartz

Transaction ID: D4724
Date of Disbursement
12 / 15 / 2004

Mailing Address 45 Brianwood Lane

City Lawrence State NY Zip Code 11559

Purpose of Disbursement
Refund of 2004 Primary Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
500.00

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

010
Category/Type

B. Full Name (Last, First, Middle Initial)
Emanuel Tennebaum

Transaction ID: D4722
Date of Disbursement
12 / 13 / 2004

Mailing Address 370 Lexington Ave.

City New York State NY Zip Code 10017

Purpose of Disbursement
Refund of 2004 General Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Amount of Each Disbursement this Period
250.00

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

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶ 3250.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Pete Grannis

Mailing Address 116 East 63rd St.

City New York State NY Zip Code 10021

Purpose of Disbursement
Non-federal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D4713
Date of Disbursement 11 / 30 / 2004

Amount of Each Disbursement this Period 1000.00

011
Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

B. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Pete Grannis

Mailing Address 116 East 63rd St.

City New York State NY Zip Code 10021

Purpose of Disbursement
Void check prior period

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D4712
Date of Disbursement 11 / 30 / 2004

Amount of Each Disbursement this Period -1000.00

011
Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 430 South Capital St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void check prior period

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D4719
Date of Disbursement 12 / 02 / 2004

Amount of Each Disbursement this Period -50000.00

008
Category/Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional) ▶ -50000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Friends of Helen Diane Foster

Mailing Address 100 Grand Concourse
Suite 4M

City Bronx State NY Zip Code 10451

Purpose of Disbursement
Non-federal Contribution **011**
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4715
Date of Disbursement
12 / 01 / 2004

Amount of Each Disbursement this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Helen Diane Foster

Mailing Address 100 Grand Concourse
Suite 4M

City Bronx State NY Zip Code 10451

Purpose of Disbursement
Void check prior period **011**
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4714
Date of Disbursement
12 / 01 / 2004

Amount of Each Disbursement this Period
-1000.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Liz Krauger

Mailing Address 106 South 2nd St.

City Brooklyn State NY Zip Code 11211

Purpose of Disbursement
Non-federal Contribution **011**
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D4717
Date of Disbursement
12 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
Friends of Schumer

A. Full Name (Last, First, Middle Initial)
Friends of Liz Kreuger

Mailing Address 108 South 2nd St.

City Brooklyn State NY Zip Code 11211

Purpose of Disbursement
Void check prior period

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4716
Date of Disbursement
12 / 02 / 2004

Amount of Each Disbursement this Period
-1000.00

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

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Friends of Michael Chalm Nelson

Mailing Address 2389 East 21st St.

City Brooklyn State NY Zip Code 11229

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4745
Date of Disbursement
12 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

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

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Friends of Michael Chalm Nelson

Mailing Address 2389 East 21st St.

City Brooklyn State NY Zip Code 11229

Purpose of Disbursement
Void check prior period

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D4744
Date of Disbursement
12 / 22 / 2004

Amount of Each Disbursement this Period
-1000.00

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

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

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

-1000.00

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

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

FOR LINE NUMBER: PAGE 41 / 41
(check only one)
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NAME OF COMMITTEE (In Full)
Friends of Schumer

Full Name (Last, First, Middle Initial)
A. Friends of Mike Gianaris

Transaction ID: D4718
Date of Disbursement

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

Mailing Address 41 Union Square West
Suite 818

City State Zip Code
New York NY 10003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Non-federal Contribution
Candidate Name

D11
Category/
Type

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

Office Sought: House
 Senate
 President
State: District

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this the number only)	-49000.00

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
Suite 232
WASHINGTON, DC 20510-7116
Phone: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED 01-31-05
Date of Receipt

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Postmarked

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
 PRIORITY MAIL /WITH CONFIRMATION SHEET
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 DHL
 AIRBORNE EXPRESS _____
Postmark

PRIORITY MAIL (NO CONFIRMATION) _____
Date of Receipt

FIRST CLASS MAIL _____
Date of Receipt

FAX _____
Date of Receipt

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER _____
Date of Receipt

RD 01-31-05
Preparer Date Prepared

