

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

Friends of Major Owens

ADDRESS (number and street)

P.O. Box 2265

Check if different than previously reported. (ACC)

Brooklyn

NY

11202

2. **FEC IDENTIFICATION NUMBER**

C00253047

CITY

STATE

ZIP CODE

STATE DISTRICT

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

NY 11

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:

X General (30G)

Runoff (30R)

Special (30S)

Election on

11

02

2004

in the State of

NY

5. Covering Period 10 14 2004 through 11 22 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 Maurice Reid

Signature of Treasurer Electronically Filed by Maurice Reid Date 04 15 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 Only

FEC 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 Major Owens

Report Covering the Period: From: ^M1 ^M0 ^Y14 ^Y2004 To: ^Y11 ^M22 ^Y2004

	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(a)).....	25960.00	437857.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1035.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	25960.00	436822.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37480.41	416938.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	475.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37480.41	416463.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18125.13	
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).....	92220.11	

For further information contact:

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

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

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

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Page 5

. If the candidate participated in the general election, use this form for the 30-day Post-General report.

. If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Major Owens

Report Covering the Period: From:

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

 To:

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of	COLUMN C Total for																																																
11. CONTRIBUTIONS (other than loans) FROM:	<table border="0"><tr><td>M</td><td>M</td><td>J</td><td>J</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>0</td><td>2</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> <p align="center">(date of general election)</p>	M	M	J	J	Y	Y	Y	Y	1	1	0	2	2	0	0	4	<table border="0"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>0</td><td>3</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> <p align="center">(date after general election)</p> <p align="center">through</p> <table border="0"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>0</td><td>0</td><td>4</td></tr></table> <p align="center">(last day of reporting period)</p>	M	M	D	D	Y	Y	Y	Y	1	1	0	3	2	0	0	4	M	M	D	D	Y	Y	Y	Y	1	1	2	2	2	0	0	4
M	M	J	J	Y	Y	Y	Y																																											
1	1	0	2	2	0	0	4																																											
M	M	D	D	Y	Y	Y	Y																																											
1	1	0	3	2	0	0	4																																											
M	M	D	D	Y	Y	Y	Y																																											
1	1	2	2	2	0	0	4																																											
(a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)																																																		
105.00																																																		
(ii) Unitemized																																																		
345.00																																																		
(iii) Total of contributions from Individuals																																																		
450.00	164197.00	70.00																																																
(b) Political Party Committees																																																		
0.00	900.00	0.00																																																
(c) Other Political Committees																																																		
25510.00	271660.00	0.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

FEC Form 3 (Revised 02/2003)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)	
(d) The Candidate	0.00	1100.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(III), (b), (c) and (d))	25960.00	437857.00	70.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	0.00
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0.00	5000.00	0.00
(b) All Other Loans	0.00	46000.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	51000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)	0.00	475.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)	0.00	3539.50	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	25960.00	492871.50	70.00

**POST ELECTION DETAILED
SUMMARY PAGE**

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FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 7

Write or Type Committee Name

Friends of Major Owens

Report the covering period

From:

10 | 14 | 2004

To:

11 | 22 | 2004

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
37480.41	416938.66	10975.13
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	5000.00	0.00
(b) Of All Other Loans		
0.00	46000.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	51000.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	35.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)	0.00	1000.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))	0.00	1035.00	0.00
21. OTHER DISBURSEMENTS	4150.00	56136.00	650.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)	41630.41	525109.66	11625.13

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

25960.00	436822.00	70.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

37480.41	416463.66	10975.13
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	33795.54
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 18).....	25960.00
25. SUBTOTAL (add Line 23 and Line 24)	59755.54
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	41630.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	18125.13

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Friends of Major Owens

Full Name (Last, First, Middle Initial) A. Committee to Re-Elect Clarence Norman		Date of Receipt M / D / Y 11 / 05 / 2004
Mailing Address c/o Carmen L. Martinez 71 Sterling Street		Transaction ID: C3220
City Brooklyn	State NY	Zip Code 11225-3318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer NY STATE ASSEMBLY	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2000 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt 2000 Other	Election Cycle-to-Date ▼ 70.00	

Full Name (Last, First, Middle Initial) B. Lorraine Henry		Date of Receipt M / D / Y 10 / 28 / 2004
Mailing Address 831 Lincoln Place		Transaction ID: C3210
City Brooklyn	State NY	Zip Code 11213-3332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer City University of NY	Occupation Professor	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))
Receipt For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 685.00	

SUBTOTAL of Receipts This Page (optional)	▶	105.00
TOTAL This Period (last page this line number only)	▶	105.00

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Major Owens

Full Name (Last, First, Middle Initial) A. AMERICAN FEDERATION OF TEACHERS COPE		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 555 New Jersey Avenue NW		Transaction ID: C3171
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee. C C00028860		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) B. American Medical Association PAC		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: C3209
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. C C00000422		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 100 INDIANA AVE., N. W.		Transaction ID: C3205
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. C C00023580		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
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 9 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Major Owens

Full Name (Last, First, Middle Initial) A. IMPACT		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 80 Madison Ave. Suite 1026		Transaction ID: C3208
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. C C00348607		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 805 16th Street NW Second Floor		Transaction ID: C3216
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C CD0007822		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 9000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF REALTORS PAC		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 430 North Michigan Avenue		Transaction ID: C3211
City Chicago	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C CD0030718		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	▶	12500.00
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 10 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Major Owens

Full Name (Last, First, Middle Initial) A. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS		Date of Receipt M / D / Y 10 / 28 / 2004
Mailing Address 122 C STREET NW SUITE 850		Transaction ID: C3207
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. C C00003558		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS		Date of Receipt M / D / Y 10 / 28 / 2004
Mailing Address 122 C STREET NW SUITE 850		Transaction ID: C3206
City	State	Zip Code
WASHINGTON	DC	20001
FEC ID number of contributing federal political committee. C C00003558		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	
		* In-Kind: Precinct Targeting

Full Name (Last, First, Middle Initial) C. PAC FOR OCCUPATIONAL SAFETY AND HEALTH		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 101 W 23RD ST #225B		Transaction ID: C3185
City	State	Zip Code
NEW YORK	NY	10011
FEC ID number of contributing federal political committee. C C00393363		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
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 11 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Major Owens

Full Name (Last, First, Middle Initial) A. SIERRA CLUB POLITICAL COMMITTEE		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 408 C Street NE		Transaction ID: C3226
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee. C C00135368		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 510.00	
* In-Kind: Website endorsement		

Full Name (Last, First, Middle Initial) B. UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNI		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 1775 K STREET N.W.		Transaction ID: C3170
City	State	Zip Code
WASHINGTON	DC	20006
FEC ID number of contributing federal political committee. C CD0002788		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5010.00
TOTAL This Period (last page this line number only)	▶	25510.00

**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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<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 Major Owens

Full Name (Last, First, Middle Initial)
A. 67th Precinct Community Council

Mailing Address 2820 Snyder Ave

City Brooklyn State NY Zip Code 11226-4118

Purpose of Disbursement
Ad/ticket

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2587
Date of Disbursement

11 / 05 / 2004

Amount of Each Disbursement this Period

200.00

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

Full Name (Last, First, Middle Initial)
B. America OnLine

Mailing Address 12100 Sunrise Valley Dr

City Roston State VA Zip Code 20101-3407

Purpose of Disbursement
Internet

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2589
Date of Disbursement

11 / 08 / 2004

Amount of Each Disbursement this Period

10.95

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

Full Name (Last, First, Middle Initial)
C. Banco Popular

Mailing Address 1117 Eastern Pkwy

City Brooklyn State NY Zip Code 11213-4801

Purpose of Disbursement
Service charge

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004
Primary General
Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2546
Date of Disbursement

10 / 21 / 2004

Amount of Each Disbursement this Period

10.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

229.95

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 Major Owens

Full Name (Last, First, Middle Initial)

A. Banco Popular

Mailing Address 1117 Eastern Pkwy

City State Zip Code
Brooklyn NY 11213-4801

Purpose of Disbursement
Service charge

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2545

Date of Disbursement

10 / 22 / 2004

Amount of Each Disbursement this Period

20.00

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

Full Name (Last, First, Middle Initial)

B. Banco Popular

Mailing Address 1117 Eastern Pkwy

City State Zip Code
Brooklyn NY 11213-4801

Purpose of Disbursement
Service charge

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2546

Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

15.00

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

Full Name (Last, First, Middle Initial)

C. Banco Popular

Mailing Address 1117 Eastern Pkwy

City State Zip Code
Brooklyn NY 11213-4801

Purpose of Disbursement
Service charge

Candidate Name

Office Sought: House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D2547

Date of Disbursement

11 / 01 / 2004

Amount of Each Disbursement this Period

10.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

45.00

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 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 Major Owens

Full Name (Last, First, Middle Initial)
A. Banco Popular

Mailing Address 1117 Eastern Pkwy

City Brooklyn State NY Zip Code 11213-4801

Purpose of Disbursement
Service charge

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2565
Date of Disbursement
11 / 08 / 2004

Amount of Each Disbursement this Period
10.00

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

Full Name (Last, First, Middle Initial)
B. Wilma Carthan

Mailing Address 1376 Dumont Avenue

City Brooklyn State NY Zip Code 11208-4505

Purpose of Disbursement
Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2578
Date of Disbursement
11 / 04 / 2004

Amount of Each Disbursement this Period
500.00

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

Full Name (Last, First, Middle Initial)
C. Election Consultants & Data Services

Mailing Address 370 Central Park West #106

City New York State NY Zip Code 10025-8517

Purpose of Disbursement
Direct mail production

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2568
Date of Disbursement
11 / 15 / 2004

Amount of Each Disbursement this Period
5000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **5510.00**

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 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 Major Owens

Full Name (Last, First, Middle Initial)
A. Elite Cleaning Services

Mailing Address 1622 President Street

City Brooklyn State NY Zip Code 11213

Purpose of Disbursement
 Office cleaning

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2552
 Date of Disbursement
 10 / 14 / 2004

Amount of Each Disbursement this Period
 96.00

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

Full Name (Last, First, Middle Initial)
B. Verona Hollis

Mailing Address 1233 Union Street

City Brooklyn State NY Zip Code 11225

Purpose of Disbursement
 Fundraising catering

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2562
 Date of Disbursement
 10 / 20 / 2004

Amount of Each Disbursement this Period
 400.00

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

Full Name (Last, First, Middle Initial)
C. Don Jacobs

Mailing Address 1 Washington Square Village #3A

City New York State NY Zip Code 10012

Purpose of Disbursement
 Sound system/election day

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 X Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2567
 Date of Disbursement
 11 / 21 / 2004

Amount of Each Disbursement this Period
 350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ **846.00**

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 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 Major Owens

Full Name (Last, First, Middle Initial)
A. Lisa Kenner

Mailing Address 422 Blake Avenue #5G

City State Zip Code
 Brooklyn NY 11212

Purpose of Disbursement
 Travel expenses

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼
 State: District

Category/
 Type

Transaction ID: D2554
 Date of Disbursement
 10 / 30 / 2004

Amount of Each Disbursement this Period
 300.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Steve Kramer

Mailing Address Target Marketing USA, Inc.
 17748 Sky Park Circle, #220

City State Zip Code
 Irvine CA 92614

Purpose of Disbursement
 Telemarketing fee

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼
 State: District

Category/
 Type

Transaction ID: D2559
 Date of Disbursement
 10 / 25 / 2004

Amount of Each Disbursement this Period
 492.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

Mailing Address 122 C STREET NW SUITE 650

City State Zip Code
 WASHINGTON DC 20001

Purpose of Disbursement
 Precinct Targeting

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼
 State: District

Category/
 Type

Transaction ID: D2543
 Date of Disbursement
 10 / 28 / 2004

Amount of Each Disbursement this Period
 2500.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

* in-kind received

SUBTOTAL of Disbursements This Page (optional) ▶ **3292.00**

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 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 Major Owens

Full Name (Last, First, Middle Initial)
A. NATIONAL COMMITTEE FOR AN EFFECTIVE CONGRESS

Mailing Address 122 C STREET NW SUITE 650

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Demographic Targeting

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: D2544
Date of Disbursement
10 / 28 / 2004

Amount of Each Disbursement this Period
500.00

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

* in-kind received

Full Name (Last, First, Middle Initial)
B. One Hundred Black Men, Inc.

Mailing Address 105 E. 22nd Street

City New York State NY Zip Code 10010

Purpose of Disbursement
Event ticket

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
X Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2571
Date of Disbursement
11 / 11 / 2004

Amount of Each Disbursement this Period
275.00

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

Full Name (Last, First, Middle Initial)
C. Orman Challenger

Mailing Address 110 Janus Lane

City West Hempstead State NY Zip Code 11552

Purpose of Disbursement
Printing expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: D2556
Date of Disbursement
10 / 14 / 2004

Amount of Each Disbursement this Period
8775.00

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

SUBTOTAL of Disbursements This Page (optional) ▶ 7550.00

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
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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 Major Owens

Full Name (Last, First, Middle Initial)
A. Chris Owens

Mailing Address 328 Flatbush Avenue, #271

City Brooklyn State NY Zip Code 11238-4302

Purpose of Disbursement
 Telephone reimbursement

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2549
 Date of Disbursement
 10 / 14 / 2004

Amount of Each Disbursement this Period
 300.00

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

Full Name (Last, First, Middle Initial)
B. Chris Owens

Mailing Address 328 Flatbush Avenue, #271

City Brooklyn State NY Zip Code 11238-4302

Purpose of Disbursement
 Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 X Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2585
 Date of Disbursement
 11 / 04 / 2004

Amount of Each Disbursement this Period
 490.85

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

Full Name (Last, First, Middle Initial)
C. Chris Owens

Mailing Address 328 Flatbush Avenue, #271

City Brooklyn State NY Zip Code 11238-4302

Purpose of Disbursement
 Travel expense reimbursement

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 X Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2584
 Date of Disbursement
 11 / 04 / 2004

Amount of Each Disbursement this Period
 193.70

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

SUBTOTAL of Disbursements This Page (optional) ► **984.55**

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 Major Owens

Full Name (Last, First, Middle Initial)
A. Chris Owens

Mailing Address 328 Flatbush Avenue, #271

City Brooklyn State NY Zip Code 11238-4302

Purpose of Disbursement
 Cablevision reimbursement

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2586
 Date of Disbursement
 11 / 22 / 2004

Amount of Each Disbursement this Period
 235.06

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

Full Name (Last, First, Middle Initial)
B. Park Heights Stationers & Copy Center

Mailing Address 164 Park Pl

City Brooklyn State NY Zip Code 11217-3350

Purpose of Disbursement
 Printing expense

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2557
 Date of Disbursement
 10 / 21 / 2004

Amount of Each Disbursement this Period
 300.05

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

Full Name (Last, First, Middle Initial)
C. Parking Violations Bureau

Mailing Address 210 Jaralemon Street

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement
 Parking tickets

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2573
 Date of Disbursement
 11 / 16 / 2004

Amount of Each Disbursement this Period
 644.54

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

SUBTOTAL of Disbursements This Page (optional) ► **1179.65**

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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<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 Major Owens

Full Name (Last, First, Middle Initial)
 A. Saint-Vil Ulky

Mailing Address 1170 Ocean Avenue

City Brooklyn State NY Zip Code 11230

Purpose of Disbursement
 Office rent/Utilities

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2561
 Date of Disbursement
 10 / 16 / 2004

Amount of Each Disbursement this Period
 3345.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

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

Mailing Address 273 Utica Avenue

City Brooklyn State NY Zip Code 11213

Purpose of Disbursement
 Rally food

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2004
 Primary X General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2560
 Date of Disbursement
 10 / 25 / 2004

Amount of Each Disbursement this Period
 532.23
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
 C. Wolfson & Carroll

Mailing Address 233 Broadway

City New York State NY Zip Code 10279

Purpose of Disbursement
 Legal fees

Candidate Name

Office Sought: House Senate President
 State: District

Disbursement For: 2006
 X Primary General
 Other (specify) ▼

Category/
 Type

Transaction ID: D2579
 Date of Disbursement
 11 / 17 / 2004

Amount of Each Disbursement this Period
 2500.00
 Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6377.23

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 Major Owens

Full Name (Last, First, Middle Initial)

A. YWCA of Brooklyn

Mailing Address 30 3rd Ave

City Brooklyn State NY Zip Code 11217-1822

Purpose of Disbursement
 Event space rental

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Category/
 Type

Transaction ID: D2563

Date of Disbursement

10 / 14 / 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) ▶

500.00

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

26514.38

**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 Major Owens

Full Name (Last, First, Middle Initial)
A. Brooklyn Public Library Foundation

Mailing Address Grand Army Plaza

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: D2591
Date of Disbursement

11 / 17 / 2004

Amount of Each Disbursement this Period

350.00

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

Full Name (Last, First, Middle Initial)
B. CHARLIE MELANCON CAMPAIGN COMMITTEE INC

Mailing Address 511 CONGRESS ST
PO BOX 549

City NAPOLEONVILLE State LA Zip Code 70300

Purpose of Disbursement
Contribution

Candidate Name
Charles J. Melancon

Office Sought: x House Senate President
State: LA District 3

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/
Type

Transaction ID: D2555
Date of Disbursement

10 / 25 / 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)
C. CLEAVER FOR CONGRESS

Mailing Address 2300 MAIN STREET SUITE 1000

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement
Contribution

Candidate Name
Emanuel Cleaver II

Office Sought: x House Senate President
State: MO District 5

Disbursement For: 2004 Primary X General Other (specify) ▼

Category/
Type

Transaction ID: D2550
Date of Disbursement

10 / 25 / 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) ▶

2350.00

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 Major Owens

Full Name (Last, First, Middle Initial)
A. DAVID ASHE FOR CONGRESS

Mailing Address 1340 North Great Neck Road
Suite 1272-255

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Contribution

Candidate Name
David B. Ashe

Office Sought: House
Senate
President
State: VA District 2

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2551
Date of Disbursement

10 / 25 / 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. FRIENDS OF FRANK BARBARO

Mailing Address 36 Richmond Terrace
Suite 215

City Staten Island State NY Zip Code 10301

Purpose of Disbursement
Contribution

Candidate Name
Frank Barbaro

Office Sought: House
Senate
President
State: NY District 13

Disbursement For: 2004
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2553
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

500.00

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

Full Name (Last, First, Middle Initial)
C. Little Rock Baptist Church

Mailing Address 375 Bristol St

City Brooklyn State NY Zip Code 11212-5445

Purpose of Disbursement
Donation

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D2590
Date of Disbursement

11 / 14 / 2004

Amount of Each Disbursement this Period

100.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1600.00

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

3950.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / 35
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Major Owens

Transaction ID: L99

LOAN SOURCE Full Name (Last, First, Middle Initial) Major R. Owens (Personal Funds)	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 135 Eastern Pkwy Apt. 3H	
City Brooklyn State NY ZIP Code 11238-6054	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	06 th 30 th 2004	20040810	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 / 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Major Owens

Transaction ID: L13

LOAN SOURCE Full Name (Last, First, Middle Initial) Cecilia J. (Personal Funds) Cuprill	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 353 Landfair Court	
City Henderson State NV ZIP Code 89074	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	12 th 31 st 1999	20041231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 / 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Major Owens

Transaction ID: L12

LOAN SOURCE Full Name (Last, First, Middle Initial) Cecilia J. (Personal Funds) Cuprill	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 353 Landfair Court	
City Henderson State NV ZIP Code 89074	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	12 th 31 st 1999	20041231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 / 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Major Owens

Transaction ID: L15

LOAN SOURCE Full Name (Last, First, Middle Initial) Maria (Personal Funds) Cuprill	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 600 8th Street, NE	
City Washington State DC ZIP Code 20002	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	12 th 31 st 1999	20041231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	▶	1000.00
TOTALS This Period (last page in this line only)	▶	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 28 / 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Friends of Major Owens

Transaction ID: L16

LOAN SOURCE Full Name (Last, First, Middle Initial) Maria Cuprill	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Mailing Address 600 8th Street, NE			
City Washington State DC ZIP Code 20002			
Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00	

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	12 th 31 st 1999	20041231	0 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	9000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Major Owens

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cablevision NYC		Nature of Debt (Purpose): Cable service	
Mailing Address PO Box 9202			
City	State	ZIP Code	
Uniondale	NY	11155	
Outstanding Balance Beginning This Period		Transaction ID: D2599	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
340.49	0.00	340.49	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Owens		Nature of Debt (Purpose): Political consulting fee	
Mailing Address 328 Flatbush Avenue, #271			
City	State	ZIP Code	
Brooklyn	NY	11238-4302	
Outstanding Balance Beginning This Period		Transaction ID: D2595	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
20000.00	0.00	20000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Committed Citizens for Excellence in Y		Nature of Debt (Purpose): Advertising	
Mailing Address Education & Health, Inc. 9613 Flatlands Avenue, #3			
City	State	ZIP Code	
Brooklyn	NY	11238	
Outstanding Balance Beginning This Period		Transaction ID: D2594	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
180.00	0.00	180.00	

1) SUBTOTALS This Period This Page (optional)	▶	20520.49
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Major Owens

(Use separate schedule(s) for each numbered line)	PAGE 30 / 35
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor David L. Andrukitis, Inc.		Nature of Debt (Purpose): Printing expenses	
Mailing Address 50 E Street, SE			
City Washington	State DC	ZIP Code 20003	
Outstanding Balance Beginning This Period 0.00		Transaction ID: D2680	
Amount Incurred This Period 11522.87	Payment This Period 0.00	Outstanding Balance at Close of This Period 11522.87	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Election Consultants & Data Services		Nature of Debt (Purpose): Direct mail production	
Mailing Address 370 Central Park West, #10B			
City New York	State NY	ZIP Code 10025-6517	
Outstanding Balance Beginning This Period 0.00		Transaction ID: D2596	
Amount Incurred This Period 10074.00	Payment This Period 5000.00	Outstanding Balance at Close of This Period 5074.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Global Strategy Group, Inc.		Nature of Debt (Purpose): Strategic Consulting & Po-lling	
Mailing Address 611 Broadway			
City New York	State NY	ZIP Code 10012-2808	
Outstanding Balance Beginning This Period 232.65		Transaction ID: D495	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 232.65	

1) SUBTOTALS This Period This Page (optional)	▶	16829.52
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Major Owens

(Use separate schedule(s) for each numbered line)	PAGE 31 / 35
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Globetown Associates		Nature of Debt (Purpose): Service: Literature development	
Mailing Address PO Box 115			
City Pomfret	State MD	ZIP Code 20675-0115	
Outstanding Balance Beginning This Period 7500.00		Transaction ID: D511	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Globetown Associates		Nature of Debt (Purpose): Fundraising consulting fee	
Mailing Address PO Box 115			
City Pomfret	State MD	ZIP Code 20675-0115	
Outstanding Balance Beginning This Period 0.00		Transaction ID: D2597	
Amount Incurred This Period 15000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Major R. Owens		Nature of Debt (Purpose): Misc. reimbursements	
Mailing Address 135 Eastern Pkwy Apt. 3H			
City Brooklyn	State NY	ZIP Code 11238-8054	
Outstanding Balance Beginning This Period 0.00		Transaction ID: D2601	
Amount Incurred This Period 3500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3500.00	

1) SUBTOTALS This Period This Page (optional)	▶	26000.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Major Owens

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gary Tilzer		Nature of Debt (Purpose): Photography and Graphic expenses	
Mailing Address 238 12th St			
City	State	ZIP Code	
Brooklyn	NY	11215-3820	
Outstanding Balance Beginning This Period		Transaction ID: D862	
2951.87			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2951.87	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Salomon Davis		Nature of Debt (Purpose): Advance on salary	
Mailing Address 473 E 92nd St Apt D8			
City	State	ZIP Code	
Brooklyn	NY	11212-1028	
Outstanding Balance Beginning This Period		Transaction ID: D382	
749.87			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	749.87	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paul Wooten		Nature of Debt (Purpose): Legal fees: 1992 and 1998	
Mailing Address 214 Jefferson Ave			
City	State	ZIP Code	
Brooklyn	NY	11218-1708	
Outstanding Balance Beginning This Period		Transaction ID: D1298	
9000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	9000.00	

1) SUBTOTALS This Period This Page (optional)	▶	12701.74
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Major Owens

(Use separate schedule(s) for each numbered line)	PAGE 33 / 35
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Saint-Vil Ulky		Nature of Debt (Purpose): Office utilities	
Mailing Address 1170 Ocean Avenue			
City	State	ZIP Code	
Brooklyn	NY	11230	
Outstanding Balance Beginning This Period		Transaction ID: D2600	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
994.94	0.00	994.94	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Urban Consulting Group, Inc.		Nature of Debt (Purpose): Telephone expenses; telemarketing	
Mailing Address 559 Alba Avenue			
City	State	ZIP Code	
Brooklyn	NY	11203	
Outstanding Balance Beginning This Period		Transaction ID: D2593	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1021.10	0.00	1021.10	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon		Nature of Debt (Purpose): Telephone expense	
Mailing Address PO Box 1100			
City	State	ZIP Code	
Albany	NY	12250-0001	
Outstanding Balance Beginning This Period		Transaction ID: D2598	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2152.32	0.00	2152.32	

1) SUBTOTALS This Period This Page (optional)	▶	4168.36
2) TOTALS This Period (last page this line number only)	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends of Major Owens

(Use separate schedule(s) for each numbered line)	PAGE 34 / 35
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Winpisinger & Associates, Inc.		Nature of Debt (Purpose): FEC preparation	
Mailing Address 315 Inspiration Ln			
City	State	ZIP Code	
Gaithersburg	MD	20878-5808	
Outstanding Balance Beginning This Period		Transaction ID: D2592	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3000.00	0.00	3000.00	

1) SUBTOTALS This Period This Page (optional)	▶	3000.00
2) TOTALS This Period (last page this line number only)	▶	83220.11
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Form/Schedule: F3A
Transaction ID:

We are amending this report because we just received an invoice from David L. Andrukitis, Inc. for printing expenses incurred during the 2004 election cycle.
