

Alan Roberts McFarland

420 Lexington Avenue
Suite 2650

New York, New York 10170-2699

Telephone (212) 867-4949
Facsimile (212) 867-0334

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OPERATIONS CENTER

2005 OCT 31 A 9:39

October 24, 2005

Ms. Karen J. Balderama
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Dear Ms. Balderama:

As you suggested, KT McFarland For Congress sends an Amended Form 1 for your review. Thank you for explaining that the boxes under "Committee, 5" relate to the election directly. They therefore will note that the office sought is in New York and since it says "House," presumably your system can note that it is the 14th Congressional District.

I am hoping that this time page 4 will come into your possession. We are unable to determine how it might have disappeared in any fashion with our first submission. North Fork Bank has been set up as the designated recipient of all income for KT McFarland For Congress. This role started, initially, as the bank also for Mrs. McFarland's Exploratory Committee this past August and September. If you have any questions concerning the existence or administration of this account, please feel free to contact Ann G. Katz, Vice President and Branch Manager at the 420 Lexington Branch (212-878-1028).

If there are any further questions concerning these forms, and our complying with your regulations and requirements, if the Treasurer is not available, please feel free to contact Ms. Katherine C.P. Kempner at her office which is 212-879-4629.

Thank you for your attention to the KT McFarland For Congress Committee. Please let us know if you have any further items.

Sincerely yours,



Treasurer

cc: Katherine C.P. Kempner, Esq.
Ms. Anne G. Katz

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AMENDED

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2005 OCT 31 A 9:39

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

K T T M C F A R L A N D F O R R O C O N G R E S S

ADDRESS (number and street)

B O X 1 3 5

(Check if address
is changed)

9 5 4 5 L E X I N G T O N A V E N U E

N E W Y O R K

N Y

1 0 0 2 1

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

I N F O @ K T M C F A R L A N D F O R R O C O N G R E S S . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2 1 2 - 6 2 8 - 1 5 2 6

2. DATE

1 0

2 4

2 0 0 5

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

ALAN ROBERTS MCFARLAND

Signature of Treasurer

AR MCFARLAND

Date

1 0

2 4

2 0 0 5

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

25038921011

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate K A T H L E E N T R O I A M C F A R L A N D

Candidate Party Affiliation R E P Office Sought: House Senate President State N Y District 1 4

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

25036921012

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name KATHLEEN ETROIA MC FARLAND

Mailing Address 7700 PARK AVENUE

NEW YORK NY 10021

Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 212-628-7270

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ALAN ROBERTS MC FARLAND

Mailing Address SHUTE 2650

4200 LEXINGTON AVENUE

NEW YORK NY 10170

Title or Position CITY STATE ZIP CODE

RELIEUR Telephone number 212-867-4949

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Telephone number

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NORTH FORK BANK

Mailing Address

420 ELLINGTON AVENUE

NEW YORK NY 10170

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038921014

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

25036921015

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/25/05</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

for
 PREPARER *10/31/05*
 (3/2005) DATE PREPARED