

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NEW YORK STATE NARAL INC WOMEN'S HEALTH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR CONGRESS		Transaction ID: SB23.4106 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 2000.00	
City Hudson State NY Zip Code 12534	Purpose of Disbursement Category/Type		
Candidate Name GILLIBRAND FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. NADLER FOR CONGRESS		Transaction ID: SB23.4109 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 250.00	
City New York State NY Zip Code 10014	Purpose of Disbursement Category/Type		
Candidate Name NADLER FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ►

2250.00

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

2250.00