

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input 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 Conservative Party

A.	Full Name (Last, First, Middle Initial) BOB TURNER FOR CONGRESS	Transaction ID: SB23.45605
	Mailing Address 78-81 81ST STREET	Date of Disbursement 10 / 05 / 2010
	City GLENDALE State NY Zip Code 11385	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement contribution Candidate Name BOB TURNER FOR CONGRESS	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) PHILLIPS FOR CONGRESS	Transaction ID: SB23.45611
	Mailing Address 3523 Phyllis St	Date of Disbursement 10 / 01 / 2010
	City Endwell State NY Zip Code 13760	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name PHILLIPS FOR CONGRESS	012 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

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

1500.00