

**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

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NAME OF COMMITTEE (In Full)
New York State NARAL Inc. Women's Health PAC

Full Name (Last, First, Middle Initial) A. Friends of Carolyn McCarthy		Date of Disbursement 05 / 07 / 2001	
Mailing Address 18 East 16th St. Suite 401 City State Zip Code New York NY 10003		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4110	
Candidate Name Friends of Carolyn McCarthy		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 14			

Full Name (Last, First, Middle Initial) B. Nadler for Congress		Date of Disbursement 06 / 22 / 2001	
Mailing Address 18 E. 16th St. #401 City State Zip Code New York NY 10003		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		Transaction ID: SB23.4111	
Candidate Name Nadler for Congress		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY District: 8			

C.

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