

**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)	PAGE 29 OF 29			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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)
CHRIS GIBSON FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015	
Mailing Address 315 STATE STREET			Amount of Each Disbursement this Period 960.00	
City ALBANY	State NY	Zip Code 12210	Transaction ID : SB21.21100	
Purpose of Disbursement IN-KIND: DIRECT MAIL PRINTING		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. ZELDIN FOR CONGRESS			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015	
Mailing Address 47 FLINTLOCK DRIVE			Amount of Each Disbursement this Period 2000.00	
City SHIRLEY	State NY	Zip Code 11967	Transaction ID : SB21.21099	
Purpose of Disbursement GENERAL 2016 CONTRIBUTION		Category/ Type		
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NY District: 01				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	35550.00