

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 3
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) New York State NARAL Inc. Women's Health PAC			
Full Name, Mailing Address, and ZIP Code HRC Senate Exploratory Committee 450 7th Ave New York NY 10123	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/13/1998	Amount of Each Disbursement This Period 250.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			250.00