

**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)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
KT MCFARLAND FOR CONGRESS EXPLORATORY COMMITTEE

A.

Full Name (Last, First, Middle Initial)
New York Republican State Committee

Transaction ID: SB21.4657

Date of Disbursement

Mailing Address 355 Lexington Ave
Suite 1001

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		3	1		2	0	0	8

City State Zip Code
New York NY 10017

Amount of Each Disbursement this Period

-250.00

Purpose of Disbursement
Void Check - Contribution

011
Category/ Type

Candidate Name
KT MCFARLAND FOR CONGRESS EXPLORATORY COMMITTEE

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: NY District: 01

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

-250.00

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

-250.00
