

# 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)  
Pete Sessions For Congress

A.

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

Mailing Address 315 State Street

City Albany State NY Zip Code 12210-2001

Purpose of Disbursement  
Contribution

Candidate Name  
New York Republican State Committee

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B-E-78508

Date of Disbursement

03 / 15 / 2009

Amount of Each Disbursement this Period

5000.00

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

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

5000.00

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

22500.00