

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
KT McFarland for Congress

ADDRESS (number and street) 954 Lexington Avenue  
Box 135  
 Check if different than previously reported. (ACC)  
New York NY 10021

2. **FEC IDENTIFICATION NUMBER** C00415620  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NY 14

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Alan McFarland

Signature of Treasurer Electronically Filed by Alan McFarland Date 07 21 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

KT McFarland for Congress

Report Covering the Period:

From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 172080.00               | 602005.00                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 1000.00                 | 1000.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 171080.00               | 601005.00                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 135651.09               | 174691.47                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 135651.09               | 174691.47                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | <b>24293.78</b>         |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | <b>0.00</b>             |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
KT McFarland for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 1 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

168150.00

572075.00

(ii) Unitemized.....

3930.00

3930.00

(iii) TOTAL of contributions

172080.00

576005.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

1000.00

(c) Other Political Committees  
(such as PACS).....

0.00

25000.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

172080.00

602005.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.).....

0.00

0.00

16. **TOTAL RECEIPTS** (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

172080.00

602005.00

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

|  |           |           |
|--|-----------|-----------|
| 17. OPERATING EXPENDITURES.....  | 135651.09 | 174691.47 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 400000.00 | 400000.00 |
| 19. LOAN REPAYMENTS:   |           |           |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00      | 0.00      |
| (b) Of all Other Loans.....  | 0.00      | 0.00      |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00      | 0.00      |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |           |           |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 1000.00   | 1000.00   |
| (b) Political Party Committees.....  | 0.00      | 0.00      |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00      | 0.00      |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 1000.00   | 1000.00   |
| 21. OTHER DISBURSEMENTS.....   | 2000.00   | 2000.00   |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 538651.09 | 577691.47 |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 390864.87 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 172080.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 562944.87 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 538651.09 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 24293.78  |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 5 / 108                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. David Andryc</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 2 / 0 1 / 2 0 0 6  |
| Mailing Address 219 East 69th Street<br>Apt 5-D   |   | Transaction ID: 60314.C590   |
| City State Zip Code<br>New York NY 10021  | Amount of Each Receipt this Period<br>1000.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Auda Private Equity LLC   | Occupation<br>Investment Manager              |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Andryc</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 2 / 0 1 / 2 0 0 6  |
| Mailing Address 219 East 69th Street<br>Apt 5-D   |   | Transaction ID: 60314.C591   |
| City State Zip Code<br>New York NY 10021  | Amount of Each Receipt this Period<br>-500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Reattribution Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>REATTRIBUTION TO SPOUSE |
| Name of Employer<br>Auda Private Equity LLC   | Occupation<br>Investment Manager              |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00            |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mary K. Andryc</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 2 / 0 1 / 2 0 0 6  |
| Mailing Address 219 East 69th Street<br>Apt 5-D   |  | Transaction ID: 60314.C592   |
| City State Zip Code<br>New York NY 10021  | Amount of Each Receipt this Period<br>500.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>REATTRIBUTION FROM SPOUSE |
| Name of Employer  | Occupation                                   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 108                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James Awad

Mailing Address 1 East End Avenue  
Apt 1 A

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

**Transaction ID:** 60126.C495

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Pamela Awad

Mailing Address 1 East End Avenue  
Apartment 1A

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

**Transaction ID:** 60126.C494

Amount of Each Receipt this Period  
1100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Pamela S. Banker

Mailing Address 30 Sutton Place

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

**Transaction ID:** 60126.C479

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 108                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pamela S. Banker

Mailing Address 30 Sutton Place

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60126.C489

Amount of Each Receipt this Period  
-125.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
William Joseph Barkett

Mailing Address 7724 Prospect Place

City State Zip Code  
La Jolla CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Merjan Financial Corp Self Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 6 / 2 0 0 6

Transaction ID: 60314.C596

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas C. Barry

Mailing Address 1220 Park Avenue

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: 60127.C542

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 108                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey C. Bates

Mailing Address 28 State Street  
34th Floor

City Boston State MA Zip Code 21091

FEC ID number of contributing federal political committee. **C**

Name of Employer McDermott, Will & Emery Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2006

Transaction ID: 60126.C461

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Drummond Bell III

Mailing Address 72 Willow Street

City Southport State CT Zip Code 06490

FEC ID number of contributing federal political committee. **C**

Name of Employer McFarland Dewey & Co., LLC Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2006

Transaction ID: 60126.C528

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Andrew Benjamin

Mailing Address 109 East 81st Street

City New York State NY Zip Code 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2006

Transaction ID: 60314.C648

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 108                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Andrew Benjamin

Mailing Address 109 East 81st Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C649

Amount of Each Receipt this Period  
-250.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Mary H. Benjamin

Mailing Address 109 East 81st Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C650

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
William Bennett

Mailing Address 149 Common Street

City State Zip Code  
Dedham MA 02026

FEC ID number of contributing federal political committee. **C**

Name of Employer Monitor Group Occupation  
Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60126.C480

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Rodney B. Berens

Mailing Address 1 Rockefeller Plaza  
23rd Floor

City State Zip Code  
New York NY 10020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Berens Capital Management, LLC Fund of Fund Portofolio Manage

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60314.C671

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Linda L. Bergen

Mailing Address 1789 Wrightstown Road

City State Zip Code  
Newtown PA 18940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Temple University Professor

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 03 / 2006

Transaction ID: 60126.C476

Amount of Each Receipt this Period  
4200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Bergen

Mailing Address 1789 Wrightstown Road

City State Zip Code  
Newton PA 18940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Seimens Corp. Seniors VP Corporate

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 03 / 2006

Transaction ID: 60126.C478

Amount of Each Receipt this Period  
2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5200.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Linda L. Bergen

Mailing Address 1789 Wrightstown Road

City State Zip Code  
Newtown PA 18940

FEC ID number of contributing federal political committee. **C**

Name of Employer Temple University Occupation Professor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60126.C477

Amount of Each Receipt this Period  
-2100.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Robert J. Bishop

Mailing Address 52-46 Concord Avenue

City State Zip Code  
Little Neck NY 11362

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 9 / 2 0 0 6

Transaction ID: 60331.C711

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Price Blackford

Mailing Address 340 East 72nd Street Apt. 10 S

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 0 6

Transaction ID: 60314.C602

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert S. Blank

Mailing Address 770 Park Avenue  
Apt 9D

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Private Investment Partnership

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 6

Transaction ID: 60126.C529

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Livio M. Borghese

Mailing Address 79 East 79th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 6

Transaction ID: 60126.C493

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ann Lind Bowers

Mailing Address 561 Holland Road

City State Zip Code  
Far Hills NJ 79312

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Interior Decorator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: 60331.C696

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susannah B. Bristol

Mailing Address 1165 5th Ave

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: 60314.C605

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Brian T. Bristol

Mailing Address 1165 Fifth Avenue

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
WRHambrecht Investment Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1050.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: 60314.C604

Amount of Each Receipt this Period  
1050.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
Susannah B. Bristol

Mailing Address 1165 5th Ave

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-1050.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: 60314.C606

Amount of Each Receipt this Period  
-1050.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
William Broeksmit

Mailing Address 1185 Park Avenue  
Apt 15

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

**Transaction ID:** 60331.C700

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
George Brokaw

Mailing Address 530 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 03 / 2006

**Transaction ID:** 60314.C603

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Bartle Bull

Mailing Address 598 Smithfield Valley Road

City State Zip Code  
Amenia NY 12501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2006

**Transaction ID:** 60314.C647

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
**KT McFarland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. Christopher Burch**

Mailing Address **c/o J. Christopher Capital  
 598 Madison Avenue**

City **New York** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **Private Investor**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 23 / 2006**

**Transaction ID: 60314.C651**

Amount of Each Receipt this Period  
**1000.00**

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
**Gerald J. Burnett**

Mailing Address **181 East 65th Street**

City **New York** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **CEO**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2006**

**Transaction ID: 60314.C692**

Amount of Each Receipt this Period  
**2100.00**

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie J. Burnett**

Mailing Address **181 East 65th Street**

City **New York** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 13 / 2006**

**Transaction ID: 60314.C693**

Amount of Each Receipt this Period  
**2100.00**

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5200.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
John C. Butler

Mailing Address 7575 Old Mill Road  
P.O. Box 477

City Gates Mills State OH Zip Code 44040

FEC ID number of contributing federal political committee. **C**

Name of Employer NACCO Industries, Inc. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: 60314.C586

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Helen Rankin Butler

Mailing Address PO Box 477

City Gates Mills State OH Zip Code 44040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: 60314.C588

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
John C. Butler

Mailing Address 7575 Old Mill Road  
P.O. Box 477

City Gates Mills State OH Zip Code 44040

FEC ID number of contributing federal political committee. **C**

Name of Employer NACCO Industries, Inc. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ -250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: 60314.C587

Amount of Each Receipt this Period  
-250.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jane C. Carroll

Mailing Address 131 East 69th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 6

Transaction ID: 60314.C593

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Randall Cecola

Mailing Address 225 Oak Knoll Rd.

City State Zip Code  
Barrington Hls IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C652

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Randall Cecola

Mailing Address 225 Oak Knoll Rd.

City State Zip Code  
Barrington Hls IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C653

Amount of Each Receipt this Period  
-500.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sophia Z. Cecola

Mailing Address 225 Oak Knoll Road

City State Zip Code  
Barrington IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C654

Amount of Each Receipt this Period  
500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Robert Cochran

Mailing Address 1000 Park Avenue  
Apt. 12 A

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Financial Security Assurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60126.C463

Amount of Each Receipt this Period  
4200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Cochran

Mailing Address 1000 Park Avenue  
Apt. 12 A

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Financial Security Assurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60126.C464

Amount of Each Receipt this Period  
-2100.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susanne H. Cochran

Mailing Address 1000 Park Avenue  
Apt. 12A

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

**Transaction ID:** 60126.C465

Amount of Each Receipt this Period  
2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
George Crawford

Mailing Address 770 Park Avenue  
Apt 6 D

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jeffrier Morris, Inc. Real Estate Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 6

**Transaction ID:** 60314.C564

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Marsha Crawford

Mailing Address 770 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 6

**Transaction ID:** 60314.C563

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Timothy Cronin   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6  |
| Mailing Address 791 Park Avenue<br>Apartment 12   |                                     | Transaction ID: 60314.C608   |
| City State Zip Code<br>New York NY 10021  |                                     | Amount of Each Receipt this Period<br>4200.00  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Jefferies & Co.   | Occupation<br>Investment Banker     |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4200.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Timothy Cronin   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6  |
| Mailing Address 791 Park Avenue<br>Apartment 12   |                                     | Transaction ID: 60314.C609   |
| City State Zip Code<br>New York NY 10021  |                                     | Amount of Each Receipt this Period<br>-2100.00   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Redesignation From Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |
| Name of Employer<br>Jefferies & Co.   | Occupation<br>Investment Banker     |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4200.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Timothy Cronin   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 8 / 2 0 0 6  |
| Mailing Address 791 Park Avenue<br>Apartment 12   |                                  | Transaction ID: 60314.C610   |
| City State Zip Code<br>New York NY 10021  |                                  | Amount of Each Receipt this Period<br>2100.00  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                  | Redesignation To Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |
| Name of Employer<br>Jefferies & Co.   | Occupation<br>Investment Banker  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>0.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 4200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | _____   |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Susan Cullman

Mailing Address 812 Park Avenue  
Apt 14

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: 60314.C611

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Stephen J. Dannhauser

Mailing Address 767 Fifth Avenue

City State Zip Code  
New York NY 10153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weil, Gotshal & Manges LLP Law Firm Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: 60314.C623

Amount of Each Receipt this Period  
4200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Stephen J. Dannhauser

Mailing Address 767 Fifth Avenue

City State Zip Code  
New York NY 10153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weil, Gotshal & Manges LLP Law Firm Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: 60314.C624

Amount of Each Receipt this Period  
-2100.00

Redesignation From Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Stephen J. Dannhauser

Mailing Address 767 Fifth Avenue

City State Zip Code  
New York NY 10153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weil, Gotshal & Manges LLP Law Firm Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2006

Transaction ID: 60314.C625

Amount of Each Receipt this Period  
2100.00

Redesignation To Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Walter Deane

Mailing Address 103 West Lake Road

City State Zip Code  
Tuxedo Park NY 10987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Longstreet & Associates, Inc. Broker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60331.C699

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Anna Deluca

Mailing Address 1192 Park Avenue Apt 1D

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Estee Lauder

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: 60314.C680

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth M. DeRegt

Mailing Address 96 Round Hill Road

City State Zip Code  
Greenwich CT 68313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aetos Capital Managing Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 6

**Transaction ID:** 60126.C530

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Kenneth M. DeRegt

Mailing Address 96 Round Hill Road

City State Zip Code  
Greenwich CT 68313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aetos Capital Managing Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

**Transaction ID:** 60314.C640

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Hugh Downe

Mailing Address 6110 North Ocean Blvd  
Apt 30

City State Zip Code  
Boynton Beach FL 33435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sherwood International Co- rpora Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 60126.C526

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4700.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> John M. Duff   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6  |
| Mailing Address 3815 Ingomar Street, NW   |                                     | Transaction ID: 60126.C515   |
| City State Zip Code<br>Washington DC 20015  |                                     | Amount of Each Receipt this Period<br>4200.00  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer<br>Duff Ackerman & Goodrich, LLC   | Occupation<br>General Partner       |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4200.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> John M. Duff   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 2 6 / 2 0 0 6  |
| Mailing Address 3815 Ingomar Street, NW   |                                     | Transaction ID: 60126.C516   |
| City State Zip Code<br>Washington DC 20015  |                                     | Amount of Each Receipt this Period<br>-2100.00   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Redesignation From Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |
| Name of Employer<br>Duff Ackerman & Goodrich, LLC   | Occupation<br>General Partner       |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4200.00 |  |

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> John M. Duff   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6  |
| Mailing Address 3815 Ingomar Street, NW   |                                  | Transaction ID: 60126.C517   |
| City State Zip Code<br>Washington DC 20015  |                                  | Amount of Each Receipt this Period<br>2100.00  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                  | Redesignation To Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |
| Name of Employer<br>Duff Ackerman & Goodrich, LLC   | Occupation<br>General Partner    |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>0.00 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
John W. Espy

Mailing Address 765 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

**Transaction ID:** 60314.C641

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert S. Evans

Mailing Address 100 First Stamford Place

City State Zip Code  
Stamford CT 69026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Crane Co Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 6

**Transaction ID:** 60126.C496

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
William Evarts, Jr.

Mailing Address 7 Gracie Square

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
c/o Winthrop, Simson, Putnam & Retired- Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 6

**Transaction ID:** 60314.C565

Amount of Each Receipt this Period  
400.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lida E. Fitzgerald

Mailing Address 765 Park Avenue  
Apt 12 A

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 6

Transaction ID: 60314.C612

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
George A. Fowlkes

Mailing Address 755 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60126.C481

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
George A. Fowlkes

Mailing Address 755 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60126.C491

Amount of Each Receipt this Period  
-125.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hugh J. Freund

Mailing Address 215 East 68th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Patterson, Belknap, Webb & Tyl

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2006

**Transaction ID:** 60126.C467

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Beth Friedman

Mailing Address 248 South Mapleton Drive

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2006

**Transaction ID:** 60314.C626

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Josh Friedman

Mailing Address 248 South Mapleton Drive

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Shenassa & Company

Occupation  
Self Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2006

**Transaction ID:** 60314.C627

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Sergio Galvis</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 6 / 2 0 0 6  |  |
| Mailing Address 830 Park Avenue   |                                     | <b>Transaction ID: 60314.C598</b>  |  |
| City State Zip Code<br>New York NY 10021  |                                     | Amount of Each Receipt this Period<br>1000.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Sullivan & Cromwell LLP   | Occupation<br>Attorney              |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. David Ganek</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 6  |  |
| Mailing Address 655 Third Avenue<br>16th Floor  |                                     | <b>Transaction ID: 60314.C675</b>  |  |
| City State Zip Code<br>New York NY 10017  |                                     | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>M&K   | Occupation                          |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2100.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Nancy George</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 3 / 2 0 0 6  |  |
| Mailing Address 56 Norwood Rd   |                                     | <b>Transaction ID: 60126.C513</b>  |  |
| City State Zip Code<br>West Hartford CT 61172   |                                     | Amount of Each Receipt this Period<br>1000.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Landscape and Garden Design   | Occupation<br>Self Employed         |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Robert E. Glanville

Mailing Address 286 Taconic Road

City State Zip Code  
Greenwich CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Arch Capital Services, Inc. Occupation Finance Director

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: 60126.C504

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Robert E. Glanville

Mailing Address 286 Taconic Road

City State Zip Code  
Greenwich CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Arch Capital Services, Inc. Occupation Finance Director

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 6

Transaction ID: 60126.C505

Amount of Each Receipt this Period  
-125.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
James S. Gold

Mailing Address 733 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Lazard Freres & Co. LLC Occupation Managing Director

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 60126.C531

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jane Mack Gould

Mailing Address One Sutton Place  
Apt 11 C

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2006

Transaction ID: 60126.C482

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nathaniel Gregory

Mailing Address PO Box 237

City State Zip Code  
Greenwich CT 68360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capricorn Holdings CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2006

Transaction ID: 60314.C655

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Christy Hamilton McGraw

Mailing Address 130 East 75th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sothebys Inc

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2006

Transaction ID: 60314.C643

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jane Hartley

Mailing Address G-7 Group  
477 Madison Avenue

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G7 Group CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: 60314.C666

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Edythe F. Heyman

Mailing Address 176 East 71st Street  
Apt 16 F

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2006

Transaction ID: 60314.C613

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
William H. Heyman

Mailing Address 1111 Park Avenue  
Apt 9C

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The St. Paul Companies Executive Vice President and C

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2006

Transaction ID: 60126.C532

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4100.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Henry Higdon

Mailing Address 486 North Street

City State Zip Code  
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Higan Partners, LLC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60126.C483

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gail Healy Hilson

Mailing Address Olympic Tower  
641 Fifth Avenue

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation  
Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 6

Transaction ID: 60126.C497

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Horn

Mailing Address 30 East 72nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Writer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60314.C615

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4100.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Helen H. Houghton

Mailing Address 1016 Fifth Avenue

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 6

Transaction ID: 60126.C508

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael Jaharis

Mailing Address c/o Oikos Ventures  
499 Park Avenue

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 6

Transaction ID: 60126.C511

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kimberly Jorgensen

Mailing Address M&K Attn: Rosanne Migliorino  
655 Third Avenue

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: 60314.C676

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3600.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jayne T. Keith

Mailing Address 150 East 73rd Street  
Apt 10 D

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Interior Decorator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2006

Transaction ID: 60314.C628

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Meg Kirkpatrick

Mailing Address 16 Shady Meadow Ln

City State Zip Code  
Syosset NY 11791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2006

Transaction ID: 60126.C533

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Stuart Kirkpatrick

Mailing Address Hedgetop  
451 First Neck Lance

City State Zip Code  
Southampton NY 11969

FEC ID number of contributing federal political committee. **C**

Name of Employer New House Galleries Occupation ACT, Commercial Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2006

Transaction ID: 60126.C534

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nancy M. Kissinger

Mailing Address PO Box 38

City State Zip Code  
South Kent CT 67850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C656

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William Kneisel

Mailing Address 7 Dublin Hill Road

City State Zip Code  
Greenwich CT 68304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 2 / 2 0 0 6

Transaction ID: 60314.C595

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Peyton H. Knight

Mailing Address 325 East 79th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: 60314.C589

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Gilbert H. Lamphere

Mailing Address 645 Fifth Avenue  
18th Floor

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Lamphere Capital Partners Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60126.C468

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Michael Lanahan

Mailing Address 5222 Farquhar Lane

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Greystone Communities Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60314.C582

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Leslie H. Lanahan

Mailing Address 5222 Farquhar Lane

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60314.C584

Amount of Each Receipt this Period  
500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Lanahan

Mailing Address 5222 Farquhar Lane

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Greystone Communities Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

Transaction ID: 60314.C583

Amount of Each Receipt this Period  
-500.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Betty Levin

Mailing Address 2 East 61st Street Suite 1502

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Corporate Art Directors Corporate Art Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2006

Transaction ID: 60314.C616

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Levinson

Mailing Address 930 Park Avenue Apt 2N

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
L&L Holding Company, LLC Real Estate Broker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: 60314.C677

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann Madonia

Mailing Address 182 Seventh Street

City State Zip Code  
Garden City NY 11530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ann Madonia Antiques Self Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 6

Transaction ID: 60314.C570

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Merrill Magowan

Mailing Address Riata Road

City State Zip Code  
Carmel CA 93923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SF Sentry President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60126.C469

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Beth Maher

Mailing Address 775 Park Avenue  
Apt 10C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: 60314.C667

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
**KT McFarland for Congress**

**A.** Full Name (Last, First, Middle Initial)  
 Kathryn C. Maney

Mailing Address **33 Hyde Park Gate**  
**London SW7 5DN England**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Self Employed

Occupation  
 Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**01 / 20 / 2006**

**Transaction ID: 60126.C535**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Lynn Sheppard Manger

Mailing Address **8 East 81st Street**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**New York NY 10028**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_

Occupation  
 Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 16 / 2006**

**Transaction ID: 60314.C630**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 William Manger

Mailing Address **8 East 81st Street**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**New York NY 10028**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
 Self Employed

Occupation  
 Medical Doctor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**02 / 16 / 2006**

**Transaction ID: 60314.C629**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **250.00**

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... **1500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 40 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Alexander Marchessini

Mailing Address 745 Fifth Avenue  
Suite 1400

City State Zip Code  
New York NY 10151

FEC ID number of contributing federal political committee. **C**

Name of Employer Acorn Partner Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

Transaction ID: 60314.C599

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Carmen Marino

Mailing Address Ms. Helen Rosenthal  
225 West 83rd Street

City State Zip Code  
New York NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2006

Transaction ID: 60126.C536

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Brin McCagg

Mailing Address 119 East 84th Street  
Apt 6A

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: 60314.C678

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
James McDonald

Mailing Address 1170 Fifth Avenue  
Apt. 14 B

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rockerfeller & Co. Investments

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 6

Transaction ID: 60126.C538

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Karen L. McDonald

Mailing Address 1170 Fifth Avenue  
Apt 14B

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Full Time Volunteer NY4P Artist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 0 6

Transaction ID: 60126.C537

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Susan Mercandetti

Mailing Address 3 East 84th Street

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Random House Editor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 6

Transaction ID: 60126.C539

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Meszkat

Mailing Address 150 Halsey Neck Lane

City Southampton State NY Zip Code 11968

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Sales

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2006

Transaction ID: 60314.C631

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Gloria Meyers

Mailing Address P.O. Box 78

City Southampton State NY Zip Code 11969

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2006

Transaction ID: 60314.C619

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Christine Munn

Mailing Address 200 East 71st Street Apt. 14C

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer MB Investment Partners Occupation Investment Advisor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2006

Transaction ID: 60314.C665

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Tom Murphy

Mailing Address PO BOX 1345

City State Zip Code  
Southampton NY 11969

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tag Aviation USA Pilot

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2006

Transaction ID: 60314.C690

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Nye

Mailing Address 164 East 72nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2006

Transaction ID: 60126.C486

Amount of Each Receipt this Period  
4200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Francesca Stanfill Nye

Mailing Address 164 East 72nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
01 / 05 / 2006

Transaction ID: 60126.C488

Amount of Each Receipt this Period  
2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard Nye

Mailing Address 164 East 72nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60126.C487

Amount of Each Receipt this Period  
-2100.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
James Oates

Mailing Address 150 Federal Street  
Street 1000

City State Zip Code  
Boston MA 02110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Financial Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: 60314.C644

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Judith M Oates

Mailing Address 2823 Casey Key Road

City State Zip Code  
Nokomis FL 34275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Architect

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: 60314.C645

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4200.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 108  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jack OBrien

Mailing Address 860 United Nations Plz

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Fitzpatrick, Cells, Harper & S

Occupation  
Attorney at Law

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: 60314.C632

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Jack OBrien

Mailing Address 860 United Nations Plz

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Fitzpatrick, Cells, Harper & S

Occupation  
Attorney at Law

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: 60314.C633

Amount of Each Receipt this Period  
-500.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
Joyce OBrien

Mailing Address 860 United Nations Plz

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Homemaker

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: 60314.C634

Amount of Each Receipt this Period  
500.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 REATTRIBUTION FROM SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Greenway ODea

Mailing Address 122 East 65th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2006

**Transaction ID:** 60314.C600

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Georgia M. Palmieri

Mailing Address 200 East 90th Street  
Apt. 22 E

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NYS Division of Housing Special Asst to the Gen Course

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

**Transaction ID:** 60314.C566

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kevin Parker

Mailing Address 4 East 66th Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Deutsche Bank Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2006

**Transaction ID:** 60126.C518

Amount of Each Receipt this Period  
8400.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>9150.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 47 / 108 |
|--|--|---------------|

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)  
KT McFarland for Congress

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Kevin Parker   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6  |  |
| Mailing Address 4 East 66th Street  |                                      | Transaction ID: 60126.C519   |  |
| City State Zip Code<br>New York NY 10021  |                                      | Amount of Each Receipt this Period<br>-4200.00   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Reattribution Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>REATTRIBUTION TO SPOUSE |  |
| Name of Employer<br>Deutsche Bank   | Occupation<br>Banker                 |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>-4200.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Kevin Parker   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 2 6 / 2 0 0 6  |  |
| Mailing Address 4 East 66th Street  |                                     | Transaction ID: 60126.C520   |  |
| City State Zip Code<br>New York NY 10021  |                                     | Amount of Each Receipt this Period<br>-2100.00   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Redesignation From Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |  |
| Name of Employer<br>Deutsche Bank   | Occupation<br>Banker                |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>4200.00 |  |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Kevin Parker   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6  |  |
| Mailing Address 4 East 66th Street  |                                  | Transaction ID: 60126.C521   |  |
| City State Zip Code<br>New York NY 10021  |                                  | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                  | Redesignation To Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |  |
| Name of Employer<br>Deutsche Bank   | Occupation<br>Banker             |  |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>0.00 |  |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 0.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |  |  |               |
|--|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page |  | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 48 / 108 |
|--|--|--|---------------|

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)  
KT McFarland for Congress

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ulla Bartsich Parker   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6  |  |
| Mailing Address 4 E 66th St   |  | Transaction ID: 60126.C522   |  |
| City State Zip Code<br>New York NY 10021  |  | Amount of Each Receipt this Period<br>4200.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b><br>REATTRIBUTION FROM SPOUSE |  |
| Name of Employer Occupation<br>Homemaker  |  | Election Cycle-to-Date ▼<br>4200.00  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Ulla Bartsich Parker   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6  |  |
| Mailing Address 4 E 66th St   |  | Transaction ID: 60126.C523   |  |
| City State Zip Code<br>New York NY 10021  |  | Amount of Each Receipt this Period<br>-2100.00   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Redesignation From Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |  |
| Name of Employer Occupation<br>Homemaker  |  | Election Cycle-to-Date ▼<br>0.00   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Ulla Bartsich Parker   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 1 / 1 1 / 2 0 0 6  |  |
| Mailing Address 4 E 66th St   |  | Transaction ID: 60126.C524   |  |
| City State Zip Code<br>New York NY 10021  |  | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Redesignation To Memo<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)<br><b>[MEMO ITEM]</b> |  |
| Name of Employer Occupation<br>Homemaker  |  | Election Cycle-to-Date ▼<br>0.00   |  |
| Receipt For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |      |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mark Patterson

Mailing Address 34 Prescott Avenue

City State Zip Code  
Bronxville NY 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mark Patterson Asset Mgmt Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60126.C471

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Peter Van Ness Philip

Mailing Address PO Box 395

City State Zip Code  
Bedford NY 10506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60314.C581

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Henry Pincus

Mailing Address 5524 Tuxedo Terrace

City State Zip Code  
Los Angeles CA 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C660

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ana Terzani Pincus

Mailing Address 5524 Tuxedo Terrace

City State Zip Code  
Los Angeles CA 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C662

Amount of Each Receipt this Period  
250.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FORM SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Henry Pincus

Mailing Address 5524 Tuxedo Terrace

City State Zip Code  
Los Angeles CA 90068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60314.C661

Amount of Each Receipt this Period  
-250.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
Colin Powell

Mailing Address 909 N Washington Street  
Suite 700

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Department of State General

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: 60127.C541

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dale Precoda</b>   |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 2 3 / 2 0 0 6  |  |
| Mailing Address One Sutton Place  |                                     | Transaction ID: 60314.C663   |  |
| City State Zip Code<br>New York NY 10022  |                                     | Amount of Each Receipt this Period<br>2100.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Asterion Investments LLC  | Occupation<br>Private Investor      |  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2100.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sheldon E. Prentice</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 2 / 0 3 / 2 0 0 6  |  |
| Mailing Address 8 Ennismore Street<br>London, SW7 1JE   |                                    | Transaction ID: 60314.C620   |  |
| City State Zip Code   |                                    | Amount of Each Receipt this Period<br>500.00   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer  |                                    | Occupation<br>Retired  |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Samuel Pryor IV</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 1 / 1 0 / 2 0 0 6  |  |
| Mailing Address 130 East 67th Street<br>Apt. D  |                                     | Transaction ID: 60126.C502   |  |
| City State Zip Code<br>New York NY 10021  |                                     | Amount of Each Receipt this Period<br>2000.00  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Receipt<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |  |
| Name of Employer<br>Self Employed   |                                     | Occupation<br>Investor   |  |
| Receipt For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>2000.00 |  |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Samuel Frazier Pryor III

Mailing Address c/o Davis Polk & Wardwell  
450 Lexington Avenue

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2006

Transaction ID: 60126.C525

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Hartley Rogers

Mailing Address 1158 Fifth Avenue  
Apt 14 B

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aries Advisas Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: 60314.C578

Amount of Each Receipt this Period  
4200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Amy Falls Rogers

Mailing Address 1158 Fifth Avenue  
Apt 14B

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Phillips Academy

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2006

Transaction ID: 60314.C580

Amount of Each Receipt this Period  
2100.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Hartley Rogers

Mailing Address 1158 Fifth Avenue  
Apt 14 B

City State Zip Code  
New York NY 10029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aries Advisas Investor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
-2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 1 / 2 0 0 6

Transaction ID: 60314.C579

Amount of Each Receipt this Period  
-2100.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**B.** Full Name (Last, First, Middle Initial)  
Jack A. Russell

Mailing Address 501 East 79th Street  
Apt 8 F

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

Transaction ID: 60314.C668

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Brent Scowcroft

Mailing Address 900 17th Street N.W.  
Suite 500

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 3 / 2 0 0 6

Transaction ID: 60126.C473

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Peter Smith

Mailing Address 640 Park Avenue  
Apt 3

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 1 / 2 0 0 6

Transaction ID: 60314.C646

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Suzette Smith

Mailing Address 1115 Fifth Avenue

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 6

Transaction ID: 60314.C621

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Clinton Smullyan

Mailing Address 31 East 79th Street  
Apt 8E

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mosbacher Properties, Inc. Managing Member

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 3 / 2 0 0 6

Transaction ID: 60314.C687

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Charles P. Stetson

Mailing Address 115 East 62nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Private Equity Investors, Inc.

Occupation  
Investment

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 30 / 2006

**Transaction ID:** 60314.C569

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
James Sykes

Mailing Address 1111 Park Avenue

City State Zip Code  
New York NY 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 01 / 2006

**Transaction ID:** 60314.C577

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John S. Tamagni

Mailing Address 230 Park Avenue Suite 1525

City State Zip Code  
New York NY 10169

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Castleton Partners

Occupation  
Investment Banker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 16 / 2006

**Transaction ID:** 60314.C637

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 15             |                              |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Douglas T. Tansill

Mailing Address 1271 Rock Rimmon Rd

City State Zip Code  
Stamford CT 69031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 6

Transaction ID: 60314.C636

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Fenton Tom

Mailing Address 50 East 72nd Street  
Apartment 13 A

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McKinsey & Co. Management Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60314.C574

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Fenton Tom

Mailing Address 50 East 72nd Street  
Apartment 13 A

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McKinsey & Co. Management Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 8 / 2 0 0 6

Transaction ID: 60314.C575

Amount of Each Receipt this Period  
-125.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Edith Troia

Mailing Address 3325 Westview Lane

City Madison State WI Zip Code 53713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2006

**Transaction ID:** 60331.C708

Amount of Each Receipt this Period  
 300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Roger Tuckerman

Mailing Address 770 Lexington Avenue

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Brown Harris Stevens Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 13 / 2006

**Transaction ID:** 60314.C694

Amount of Each Receipt this Period  
 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mary C. Tydings

Mailing Address 7872 Ratclff Mann Road

City Easton State MD Zip Code 21601

FEC ID number of contributing federal political committee. **C**

Name of Employer Russell Reynolds Associat-e, In Occupation Executive Search Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 06 / 2006

**Transaction ID:** 60126.C498

Amount of Each Receipt this Period  
 4200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mary C. Tydings

Mailing Address 7872 Ratclff Mann Road

City Easton State MD Zip Code 21601

FEC ID number of contributing federal political committee. **C**

Name of Employer Russell Reynolds Associat-e, In Occupation Executive Search Consultant

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 60126.C499

Amount of Each Receipt this Period  
-2100.00

Redesignation From Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Mary C. Tydings

Mailing Address 7872 Ratclff Mann Road

City Easton State MD Zip Code 21601

FEC ID number of contributing federal political committee. **C**

Name of Employer Russell Reynolds Associat-e, In Occupation Executive Search Consultant

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 60126.C500

Amount of Each Receipt this Period  
2100.00

Redesignation To Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Harry Van de Ven

Mailing Address 35 East 67th Street

City New York State NY Zip Code 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Wordly Things Occupation Retailer

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 6

Transaction ID: 60314.C562

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Diane K. Volk

Mailing Address 25 Sutton Place

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: 60314.C568

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Janet B. Walsh

Mailing Address 860 United Nations Plaza  
Apt 37 F

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2006

Transaction ID: 60314.C567

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Natalie H. Ward

Mailing Address 340 East 72nd Street

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2006

Transaction ID: 60126.C475

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Philip Weymouth III

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Watch Hill Partners LLC Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C701

Amount of Each Receipt this Period  
8400.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Weymouth

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer J.P. Morgan & Co., Inc. Occupation Private Banking Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C705

Amount of Each Receipt this Period  
4200.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION FROM SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Weymouth

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer J.P. Morgan & Co., Inc. Occupation Private Banking Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C706

Amount of Each Receipt this Period  
2100.00

Redesignation To Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8400.00**

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d<br><input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | PAGE 61 / 108 |
|--|---|---------------|

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Weymouth

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer J.P. Morgan & Co., Inc. Occupation Private Banking Associate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C707

Amount of Each Receipt this Period  
-2100.00

Redesignation From Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Philip Weymouth III

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Watch Hill Partners LLC Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ -4200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C702

Amount of Each Receipt this Period  
-4200.00

Reattribution Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
REATTRIBUTION TO SPOUSE

**C.** Full Name (Last, First, Middle Initial)  
Philip Weymouth III

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Watch Hill Partners LLC Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C703

Amount of Each Receipt this Period  
-2100.00

Redesignation From Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>0.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |             |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 62 / 108                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|  | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|  |   | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Philip Weymouth III

Mailing Address 770 Park Avenue  
Apt 4 C

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Watch Hill Partners LLC Partner

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2006

Transaction ID: 60331.C704

Amount of Each Receipt this Period  
2100.00

Redesignation To Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Isabel Wilcox

Mailing Address 885 Park Avenue  
Apartment 8A

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 03 / 2006

Transaction ID: 60126.C485

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Glenn Wittpen

Mailing Address 120 East 87th Street

City State Zip Code  
New York NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Credit Suisse Relationship Manager-Private B

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 01 / 2006

Transaction ID: 60314.C571

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 63 / 108                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d   | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ezra Zilkha

Mailing Address 4 East 66th Street

City State Zip Code  
New York NY 16548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Zilkha Foundation, Inc. Business Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: 60314.C679

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Karen D. Zukerman

Mailing Address 770 Park Avenue

City State Zip Code  
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2006

Transaction ID: 60126.C527

Amount of Each Receipt this Period  
2100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4100.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 168150.00 |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Maria A. Caputo</b>   |  | <b>Transaction ID: SB.128</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 0 3 / 2 0 0 6 |
| Mailing Address 666 Greenwich Street #814  |  | Amount of Each Disbursement this Period<br>2500.00  |
| City New York State NY Zip Code 10014  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement SALARY<br>Candidate Name   | Category/Type<br>000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Denise Carelse</b>  |  | <b>Transaction ID: SB.199</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 308 West 103rd Street Apt. 3D  |  | Amount of Each Disbursement this Period<br>4000.00  |
| City New York State NY Zip Code 10025  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement ACCOUNTING SERVICES<br>Candidate Name  | Category/Type<br>000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Suecirin Colon</b>  |  | <b>Transaction ID: SB-1999</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address 346 East 20th Street   |  | Amount of Each Disbursement this Period<br>578.72  |
| City New York State NY Zip Code 10003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement SALARY<br>Candidate Name   | Category/Type  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7078.72     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|   |  |  |
|---|--|--|
| <b>A.</b> Suecirin Colon<br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street Apt 1A<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID:</b> SB.136<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 9 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>475.83<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b> Suecirin Colon<br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street Apt 1A<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID:</b> SB.141<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>443.59<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C.</b> Suecirin Colon<br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street Apt 1A<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID:</b> SB.158<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>502.85<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1422.27</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| <p><b>A. Suecirin Colon</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 346 East 20th Street Apt 1A</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: SB.159</b></p> <p>Date of Disbursement</p> <p>02 / 06 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>475.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 000</p>  |  |  |

|  |  |  |
|--|--|--|
| <p><b>B. Suecirin Colon</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 346 East 20th Street Apt 1A</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: SB.164</b></p> <p>Date of Disbursement</p> <p>02 / 13 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>421.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 000</p>  |  |  |

|  |  |  |
|--|--|--|
| <p><b>C. Suecirin Colon</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 346 East 20th Street Apt 1A</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement SALARY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: SB.165</b></p> <p>Date of Disbursement</p> <p>03 / 01 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>578.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type: 000</p>  |  |  |

|   |                       |
|---|-----------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><b>1475.59</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                       |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| <b>A. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street Apt 1A<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement FOOD/BEVERAGE/OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.174</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 2 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>111.82<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|   |  |   |
|---|--|---|
| <b>B. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street Apt 1A<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.176</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>508.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|  |  |  |
|--|--|--|
| <b>C. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.200</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 8 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1117.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1737.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Suecirin Colon</b>  |  | <b>Transaction ID: SB.210</b><br>Date of Disbursement<br>03 / 13 / 2006  |
| Mailing Address 346 East 20th Street   |  | Amount of Each Disbursement this Period<br>578.24<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10003  | Purpose of Disbursement SALARY<br>Candidate Name<br>Category/Type 000  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Suecirin Colon</b>  |  | <b>Transaction ID: SB.211</b><br>Date of Disbursement<br>03 / 31 / 2006   |
| Mailing Address 346 East 20th Street   |  | Amount of Each Disbursement this Period<br>29.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10003  | Purpose of Disbursement FOOD/BEVERAGE<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Suecirin Colon</b>  |  | <b>Transaction ID: SB.212</b><br>Date of Disbursement<br>03 / 31 / 2006  |
| Mailing Address 346 East 20th Street   |  | Amount of Each Disbursement this Period<br>438.37<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10003  | Purpose of Disbursement SALARY<br>Candidate Name<br>Category/Type 000  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1045.61 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____   |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| <b>A. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.215</b><br>Date of Disbursement<br>01 / 06 / 2006<br>Amount of Each Disbursement this Period<br>399.23<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>B. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.216</b><br>Date of Disbursement<br>02 / 21 / 2006<br>Amount of Each Disbursement this Period<br>462.21<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>C. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.217</b><br>Date of Disbursement<br>01 / 06 / 2006<br>Amount of Each Disbursement this Period<br>324.62<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1186.06     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| <b>A. Suecirin Colon</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 346 East 20th Street<br>City New York State NY Zip Code 10003<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.218</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 3 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>508.06<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|---|

|   |  |  |
|---|--|--|
| <b>B. Aziza Fishman</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 104-20 Queens Blvd Apt 3R<br>City Forest Hills State NY Zip Code 11375<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.152</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 5 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>73.90<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|--|

|  |  |  |
|--|--|--|
| <b>C. Aziza Fishman</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 104-20 Queens Blvd Apt 3R<br>City Forest Hills State NY Zip Code 11375<br>Purpose of Disbursement SALARY<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.153</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 6 / 2 0 0 6<br>Amount of Each Disbursement this Period<br>1335.14<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1917.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Aziza Fishman</b>   |   | <b>Transaction ID: SB.154</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 4 / 2 0 0 6  |
| Mailing Address 104-20 Queens Blvd<br>Apt 3R   |   | Amount of Each Disbursement this Period<br>667.57  |
| City Forest Hills State NY Zip Code 11375  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement SALARY<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Aziza Fishman</b>   |   | <b>Transaction ID: SB.183</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6  |
| Mailing Address 104-20 Queens Blvd<br>Apt 3R   |   | Amount of Each Disbursement this Period<br>997.29  |
| City Forest Hills State NY Zip Code 11375  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement SALARY<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Aziza Fishman</b>   |   | <b>Transaction ID: SB.184</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 8 / 2 0 0 6  |
| Mailing Address 104-20 Queens Blvd<br>Apt 3R   |   | Amount of Each Disbursement this Period<br>107.80  |
| City Forest Hills State NY Zip Code 11375  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement TRAVEL<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1772.66     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Tamar Kaplan-Marans</b>   |  | <b>Transaction ID: SB.223</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006  |
| Mailing Address 954 Lexington Ave<br>Box 135   |  | Amount of Each Disbursement this Period<br>2323.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10021  |  |   |
| Purpose of Disbursement SALARY<br>Candidate Name   | 000<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Alan McFarland</b>  |  | <b>Transaction ID: SB.233</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006  |
| Mailing Address 770 Park Avenue<br>Apt. 6/7 B  |  | Amount of Each Disbursement this Period<br>5484.26<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10021  |  |   |
| Purpose of Disbursement TELEPHONE SVC/SUBSCRIPTION<br>Candidate Name   | 000<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Edward J. Rollins</b>   |  | <b>Transaction ID: SB.160</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>02 / 09 / 2006   |
| Mailing Address 301 E 66th St<br>Apartment 6L  |  | Amount of Each Disbursement this Period<br>15000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10021  |  |  |
| Purpose of Disbursement POLITICAL CONSULTING<br>Candidate Name   | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 22807.26    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| <b>A. Edward J. Rollins</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 301 E 66th St<br>Apartment 6L<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement POLITICAL CONSULTING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: SB.175</b><br>Date of Disbursement<br>03 / 06 / 2006<br>Amount of Each Disbursement this Period<br>7500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>B. Edward J. Rollins</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 301 E 66th St<br>Apartment 6L<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement POLITICAL CONSULTING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: SB.196</b><br>Date of Disbursement<br>03 / 28 / 2006<br>Amount of Each Disbursement this Period<br>5000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |  |  |
|--|--|--|
| <b>C. E. Glynn Valentine</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 210 E 68th St Apt 13H<br>13H<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement FINANCE CONSULTING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: SB.140</b><br>Date of Disbursement<br>01 / 17 / 2006<br>Amount of Each Disbursement this Period<br>5900.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 18400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....    |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| <b>A. E. Glynn Valentine</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 210 E 68th St Apt 13H<br>13H<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement FINANCE CONSULTING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: SB.155</b><br>Date of Disbursement<br>03 / 01 / 2006<br>Amount of Each Disbursement this Period<br>5000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|   |  |   |
|---|--|---|
| <b>B. E. Glynn Valentine</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 210 E 68th St Apt 13H<br>13H<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: SB.156</b><br>Date of Disbursement<br>02 / 24 / 2006<br>Amount of Each Disbursement this Period<br>518.38<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|---|--|---|

|  |  |  |
|--|--|--|
| <b>C. E. Glynn Valentine</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 210 E 68th St Apt 13H<br>13H<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement FINANCE CONSULTING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: |  | <b>Transaction ID: SB.201</b><br>Date of Disbursement<br>03 / 31 / 2006<br>Amount of Each Disbursement this Period<br>7900.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 13418.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____    |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. E. Glynn Valentine</b>  |   | <b>Transaction ID: SB.221</b><br>Date of Disbursement<br>03 / 09 / 2006  |
| Mailing Address 210 E 68th St Apt 13H<br>13H   |   | Amount of Each Disbursement this Period<br>478.32  |
| City New York State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement FOOD/BEVERAGE<br>Candidate Name  |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. E. Glynn Valentine</b>  |   | <b>Transaction ID: SB.222</b><br>Date of Disbursement<br>03 / 09 / 2006  |
| Mailing Address 210 E 68th St Apt 13H<br>13H   |   | Amount of Each Disbursement this Period<br>842.85  |
| City New York State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement TRAVEL<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Aristotle Washington DC</b>   |   | <b>Transaction ID: SB.203</b><br>Date of Disbursement<br>03 / 26 / 2006  |
| Mailing Address 205 Pennsylvania Ave SE  |   | Amount of Each Disbursement this Period<br>3245.58   |
| City Washington State DC Zip Code 20003  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement COMPUTER SOFTWARE SERVICES<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4566.75</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....          |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Campaign Solutions//The Donatelli Group</b>   |  | <b>Transaction ID: SB.161</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 9 / 2 0 0 6   |
| Mailing Address 118 N Saint Asaph St   |  | Amount of Each Disbursement this Period<br>7000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314  | Purpose of Disbursement WEB SERVICES<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Full Name (Last, First, Middle Initial)<br><b>B. Campaign Solutions//The Donatelli Group</b>   |  | <b>Transaction ID: SB.162</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6   |
| Mailing Address 118 N Saint Asaph St   |  | Amount of Each Disbursement this Period<br>69.98<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| City Alexandria State VA Zip Code 22314  | Purpose of Disbursement WEB SERVICES<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Full Name (Last, First, Middle Initial)<br><b>C. Campaign Solutions//The Donatelli Group</b>   |  | <b>Transaction ID: SB.206</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6   |
| Mailing Address 118 N Saint Asaph St   |  | Amount of Each Disbursement this Period<br>7072.99<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314  | Purpose of Disbursement WEB SERVICES<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

14142.97

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

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Connell Donatelli Inc.</b>  |  | <b>Transaction ID: SB.169</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 1 / 2 0 0 6  |
| Mailing Address PO Box 1877  |  | Amount of Each Disbursement this Period<br>300.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22313  | Purpose of Disbursement WEB SERVICES<br>Candidate Name<br>Category/Type 000  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Connell Donatelli Inc.</b>  |  | <b>Transaction ID: SB.209</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 6   |
| Mailing Address PO Box 1877  |  | Amount of Each Disbursement this Period<br>66.51<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22313  | Purpose of Disbursement WEB SERVICES<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Deluxe Business Systems</b>   |  | <b>Transaction ID: SB.225</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 6  |
| Mailing Address PO Box 1186  |  | Amount of Each Disbursement this Period<br>135.91<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lancaster State CA Zip Code 93584   | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 502.42 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Deluxe Business Systems</b>   |  | <b>Transaction ID:</b> SB.226<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 1 / 2 0 0 6   |
| Mailing Address PO Box 1186  |  | Amount of Each Disbursement this Period<br>21.99<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lancaster State CA Zip Code 93584   | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Deluxe Business Systems</b>   |  | <b>Transaction ID:</b> SB.227<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 4 / 2 0 0 6  |
| Mailing Address PO Box 1186  |  | Amount of Each Disbursement this Period<br>8.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Lancaster State CA Zip Code 93584   | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Donatelli Avella, Inc.</b>  |  | <b>Transaction ID:</b> SB.205<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6   |
| Mailing Address P.O. BOX 25784   |  | Amount of Each Disbursement this Period<br>6272.41<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22313  | Purpose of Disbursement COLLATERAL MATERIALS<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6302.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# 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 79 / 108

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Evergreen Printing &amp; Graphics Inc.</b>  |  | <b>Transaction ID: SB.187</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 0 1 / 2 0 0 6 |
| Mailing Address 3553 Ryder St  |  | Amount of Each Disbursement this Period<br>767.57   |
| City Santa Clara State CA Zip Code 95051   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement PRINTING<br>Candidate Name   |  | 000<br>Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Goldstein Financial Management, Inc.</b>  |  | <b>Transaction ID: SB.137</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 0 / 2 0 0 6 |
| Mailing Address 50 Broadway Ste 805 Suite 805  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City New York State NY Zip Code 10004  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement ACCOUNTING SERVICES<br>Candidate Name  |  | 000<br>Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Goldstein Financial Management, Inc.</b>  |  | <b>Transaction ID: SB.214</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6 |
| Mailing Address 50 Broadway Ste 805 Suite 805  |  | Amount of Each Disbursement this Period<br>1000.00  |
| City New York State NY Zip Code 10004  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement ACCOUNTING SERVICES<br>Candidate Name  |  | 000<br>Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2767.57 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Internal Revenue Service</b>  |  | <b>Transaction ID:</b> SB.193<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 6  |
| Mailing Address P.O. Box 105703  |  | Amount of Each Disbursement this Period<br>308.64<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Atlanta State GA Zip Code 30348   | Purpose of Disbursement<br>PAYROLL TAXES<br>Candidate Name<br>Category/Type<br>000   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Internal Revenue Service</b>  |  | <b>Transaction ID:</b> SB.195<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 8 / 2 0 0 6   |
| Mailing Address P.O. Box 105703  |  | Amount of Each Disbursement this Period<br>92.77<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Atlanta State GA Zip Code 30348   | Purpose of Disbursement<br>PAYROLL TAXES<br>Candidate Name<br>Category/Type<br>000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Investigative Group International, Inc.</b>   |  | <b>Transaction ID:</b> SB.202<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6  |
| Mailing Address 915 15th Street, N.W   |  | Amount of Each Disbursement this Period<br>12000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20005  | Purpose of Disbursement<br>BUSINESS OPERATIONS CONSULTING<br>Candidate Name<br>Category/Type<br>001  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 12401.41 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mail Box Etc.</b>   |  | <b>Transaction ID:</b> SB.208<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 6   |
| Mailing Address 1461 1st Ave # A   |  | Amount of Each Disbursement this Period<br>260.10<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10021  |  |  |
| Purpose of Disbursement POST OFFICE BOX RENTAL<br>Candidate Name   | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. McFarland Dewey &amp; Co., LLC</b>  |  | <b>Transaction ID:</b> SB.135<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 1 / 0 6 / 2 0 0 6   |
| Mailing Address 420 Lexington Ave Rm 2650 Suite 2650   |  | Amount of Each Disbursement this Period<br>510.07<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10170  |  |  |
| Purpose of Disbursement TELEPHONE SERVICE<br>Candidate Name  | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. McFarland Dewey &amp; Co., LLC</b>  |  | <b>Transaction ID:</b> SB.151<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 6   |
| Mailing Address 420 Lexington Ave Rm 2650 Suite 2650   |  | Amount of Each Disbursement this Period<br>229.31<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10170  |  |  |
| Purpose of Disbursement TELEPHONE SERVICE<br>Candidate Name  | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 999.48 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. McFarland Dewey &amp; Co., LLC</b>  |  | <b>Transaction ID: SB.177</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2006 |
| Mailing Address 420 Lexington Ave Rm 2650<br>Suite 2650  |  | Amount of Each Disbursement this Period<br>217.85   |
| City New York State NY Zip Code 10170  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>TELEPHONE SERVICE   | Candidate Name   | 000<br>Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. McFarland Dewey &amp; Co., LLC</b>  |  | <b>Transaction ID: SB.204</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 07 / 2006 |
| Mailing Address 420 Lexington Ave Rm 2650<br>Suite 2650  |  | Amount of Each Disbursement this Period<br>2500.00  |
| City New York State NY Zip Code 10170  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>REIMBURSEMENT: WIRE FEE   | Candidate Name   | 000<br>Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. McFarland Dewey &amp; Co., LLC</b>  |  | <b>Transaction ID: SB.229</b><br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2006 |
| Mailing Address 420 Lexington Ave Rm 2650<br>Suite 2650  |  | Amount of Each Disbursement this Period<br>451.49   |
| City New York State NY Zip Code 10170  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |   |
| Purpose of Disbursement<br>TELEPHONE SERVICE   | Candidate Name   | 000<br>Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3169.34</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Netcareusa</b>  |  | <b>Transaction ID: SB.192</b><br>Date of Disbursement<br>02 / 01 / 2006                             |  |
| Mailing Address PO Box 5142  |  | Amount of Each Disbursement this Period<br>1490.00  |  |
| City Toms River<br>State NJ<br>Zip Code 87545  | Purpose of Disbursement<br>COMPUTER SOFTWARE SERVICES<br>Candidate Name  | 000<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. New York State Insurance Fund</b>   |  | <b>Transaction ID: SB.163</b><br>Date of Disbursement<br>02 / 09 / 2006                             |  |
| Mailing Address 199 Church St  |  | Amount of Each Disbursement this Period<br>294.94   |  |
| City New York<br>State NY<br>Zip Code 10007  | Purpose of Disbursement<br>INSURANCE PREMIUM<br>Candidate Name   | 000<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. O Reilly Strategic Communications, LLC</b>  |  | <b>Transaction ID: SB.166</b><br>Date of Disbursement<br>02 / 02 / 2006                             |  |
| Mailing Address 380 Lexington Ave  |  | Amount of Each Disbursement this Period<br>5000.00  |  |
| City New York<br>State NY<br>Zip Code 10168  | Purpose of Disbursement<br>COMMUNICATIONS CONSULTING<br>Candidate Name   | 000<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 6784.94 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. O Reilly Strategic Communications, LLC</b>  |  | <b>Transaction ID: SB.173</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 2 / 2 0 0 6   |
| Mailing Address 380 Lexington Ave  |  | Amount of Each Disbursement this Period<br>5000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City New York State NY Zip Code 10168  | Purpose of Disbursement<br>COMMUNICATIONS CONSULTING<br>Candidate Name<br>Category/Type<br>000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Platinum Plus</b>   |  | <b>Transaction ID: SB.167</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 6  |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>198.31<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wilmington State DE Zip Code 19850  | Purpose of Disbursement<br>CREDIT CARD PAYMENT<br>Candidate Name<br>Category/Type<br>000   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Amazon.com</b>  |  | <b>Transaction ID: SB-167-A</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 1 3 / 2 0 0 6   |
| Mailing Address P.O. Box 80463   |  | Amount of Each Disbursement this Period<br>12.49<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Seattle State WA Zip Code 98108   | Purpose of Disbursement<br>PUBLICATION<br>Candidate Name<br>Category/Type<br>000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5198.31     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

**A.** Amazon.com

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 80463

City Seattle State WA Zip Code 98108

Purpose of Disbursement PUBLICATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB-167-B

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B.** COSTCO

Full Name (Last, First, Middle Initial)

Mailing Address 32-50 Vernon Boulevard

City Long Island State NY Zip Code 11106

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB-167-C

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**C.** FROMEX ONE HOUR PHOTO

Full Name (Last, First, Middle Initial)

Mailing Address 1017 State Street

City Santa Barbara State CA Zip Code 93101

Purpose of Disbursement PHOTOGRAPHS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB-167-D

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

**A. Platinum Plus**

Full Name (Last, First, Middle Initial)  
Platinum Plus

Mailing Address PO Box 15463

City Wilmington State DE Zip Code 19850

Purpose of Disbursement CREDIT CARD PAYMENT  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB.178  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B. CITARELLA**

Full Name (Last, First, Middle Initial)  
CITARELLA

Mailing Address 13133RD AVE

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FOOD/BEVERAGE  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB.178-27  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

**C. CITARELLA**

Full Name (Last, First, Middle Initial)  
CITARELLA

Mailing Address 13133RD AVE

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FOOD/BEVERAGE  
Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB.178-28  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

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

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

**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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CITARELLA</b>   |  | Transaction ID: SB.178-37<br>Date of Disbursement<br>03 / 07 / 2006 |  |
| Mailing Address 13133RD AVE  |  | Amount of Each Disbursement this Period<br>52.64                    |  |
| City NEW YORK<br>State NY<br>Zip Code 10021  | Purpose of Disbursement<br>FOOD/BEVERAGE<br>Candidate Name   | 000<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

**[MEMO ITEM]**

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CROWNE PLAZA HOTEL</b>  |  | Transaction ID: SB.178-22<br>Date of Disbursement<br>03 / 07 / 2006 |  |
| Mailing Address STATE AND LODGE STREETS  |  | Amount of Each Disbursement this Period<br>116.48                   |  |
| City ALBANY<br>State NY<br>Zip Code 12207  | Purpose of Disbursement<br>LODGING<br>Candidate Name   | 000<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

**[MEMO ITEM]**

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DAGOSTINO</b>   |  | Transaction ID: SB.178-36<br>Date of Disbursement<br>03 / 07 / 2006 |  |
| Mailing Address 1233 Lexington Ave   |  | Amount of Each Disbursement this Period<br>13.55                    |  |
| City NEW YORK<br>State NY<br>Zip Code 10028  | Purpose of Disbursement<br>FOOD/BEVERAGE<br>Candidate Name   | 000<br>Category/<br>Type  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |

**[MEMO ITEM]**

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]  |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FOLIAGE GARDEN</b>  |  | Transaction ID: SB.178-10<br>Date of Disbursement<br>03 / 07 / 2006                                    |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>178.82  |
| City NEW YORK State NY Zip Code 10021  | Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FOLIAGE GARDEN</b>  |  | Transaction ID: SB.178-12<br>Date of Disbursement<br>03 / 07 / 2006                                    |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>119.21  |
| City NEW YORK State NY Zip Code 10021  | Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FOLIAGE GARDEN</b>  |  | Transaction ID: SB.178-16<br>Date of Disbursement<br>03 / 07 / 2006                                    |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>167.98  |
| City NEW YORK State NY Zip Code 10021  | Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | ..... |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FOLIAGE GARDEN</b>  |  | <b>Transaction ID:</b> SB.178-18<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>124.63  |
| City NEW YORK State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE  |  | <b>[MEMO ITEM]</b>   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FOLIAGE GARDEN</b>  |  | <b>Transaction ID:</b> SB.178-19<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>119.21  |
| City NEW YORK State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE  |  | <b>[MEMO ITEM]</b>   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FOLIAGE GARDEN</b>  |  | <b>Transaction ID:</b> SB.178-20<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>119.21  |
| City NEW YORK State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |  |
| Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE  |  | <b>[MEMO ITEM]</b>   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |      |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FOLIAGE GARDEN</b>  |  | Transaction ID: SB.178-21<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>124.63   |
| City NEW YORK State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |   |
| Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE  |  | Category/Type<br>000  |
| Candidate Name   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. FOLIAGE GARDEN</b>  |  | Transaction ID: SB.178-3<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>102.96  |
| City NEW YORK State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |  |
| Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE  |  | Category/Type<br>000   |
| Candidate Name   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. FOLIAGE GARDEN</b>  |  | Transaction ID: SB.178-5<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6 |
| Mailing Address 120 W 28TH STREET  |  | Amount of Each Disbursement this Period<br>102.96  |
| City NEW YORK State NY Zip Code 10021  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |  |
| Purpose of Disbursement<br>FLORAL ARRANGEMENT EXPENSE  |  | Category/Type<br>000   |
| Candidate Name   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |      |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

**A. FOLIAGE GARDEN**

Full Name (Last, First, Middle Initial)  
A. FOLIAGE GARDEN

Mailing Address 120 W 28TH STREET

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FLORAL ARRANGEMENT EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB.178-7

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**B. GRACES MARKET**

Full Name (Last, First, Middle Initial)  
B. GRACES MARKET

Mailing Address 1237 Third Avenue

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB.178-23

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**C. GRACES MARKET**

Full Name (Last, First, Middle Initial)  
C. GRACES MARKET

Mailing Address 1237 Third Avenue

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB.178-24

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. HEWLITT PACKARD</b>   |  | Transaction ID: SB.178-29<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6                           |
| Mailing Address 228 E 45th St  |  | Amount of Each Disbursement this Period<br>59.99  |
| City NEW YORK State NY Zip Code 10017  | Purpose of Disbursement OFFICE EQUIPMENT<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. HEWLITT PACKARD</b>   |  | Transaction ID: SB.178-38<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6                           |
| Mailing Address 228 E 45th St  |  | Amount of Each Disbursement this Period<br>-59.99   |
| City NEW YORK State NY Zip Code 10017  | Purpose of Disbursement CREDIT<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. HOT &amp; CRUSTY</b>  |  | Transaction ID: SB.178-31<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6                           |
| Mailing Address 1097 LEXINGTON AVENUE  |  | Amount of Each Disbursement this Period<br>90.00  |
| City NEW YORK State NY Zip Code 10021  | Purpose of Disbursement FOOD/BEVERAGE<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JET BLUE</b>  |  | Transaction ID: SB.178-30<br>Date of Disbursement<br>03 / 07 / 2006   |
| Mailing Address PO BOX 17435   |  | Amount of Each Disbursement this Period<br>371.20   |
| City SALT LAKE CITY<br>State UT<br>Zip Code 84117  | Purpose of Disbursement TRAVEL<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JET BLUE</b>  |  | Transaction ID: SB.178-33<br>Date of Disbursement<br>03 / 07 / 2006   |
| Mailing Address PO BOX 17435   |  | Amount of Each Disbursement this Period<br>265.60   |
| City SALT LAKE CITY<br>State UT<br>Zip Code 84117  | Purpose of Disbursement TRAVEL<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KATE'S PAPERIE</b>  |  | Transaction ID: SB.178-1<br>Date of Disbursement<br>03 / 07 / 2006  |
| Mailing Address 561 BROADWAY   |  | Amount of Each Disbursement this Period<br>109.24   |
| City NEW YORK<br>State NY<br>Zip Code 10021  | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KATE'S PAPERIE</b>   |   | Transaction ID: SB.178-26<br>Date of Disbursement<br>03 / 07 / 2006  |
| Mailing Address 561 BROADWAY  |   | Amount of Each Disbursement this Period<br>38.36   |
| City NEW YORK      State NY      Zip Code 10021   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |  |
| Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KATE'S PAPERIE</b>   |   | Transaction ID: SB.178-9<br>Date of Disbursement<br>03 / 07 / 2006   |
| Mailing Address 561 BROADWAY  |   | Amount of Each Disbursement this Period<br>91.04   |
| City NEW YORK      State NY      Zip Code 10021   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |  |
| Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARCHE MADISON</b>   |   | Transaction ID: SB.178-25<br>Date of Disbursement<br>03 / 07 / 2006  |
| Mailing Address 36 E 58th St  |   | Amount of Each Disbursement this Period<br>25.94   |
| City NEW YORK      State NY      Zip Code 10022   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |  |
| Purpose of Disbursement FOOD/BEVERAGE<br>Candidate Name   |   | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State:      District: |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00        |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MITCHELL'S NEWS</b>   |  | Transaction ID: SB.178-14<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6        |
| Mailing Address 311 WEST 37TH ST   |  | Amount of Each Disbursement this Period<br>31.84   |
| City New York State NY Zip Code 10018  | Purpose of Disbursement<br>PUBLICATION<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MITCHELL'S NEWS</b>   |  | Transaction ID: SB.178-6<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6         |
| Mailing Address 311 WEST 37TH ST   |  | Amount of Each Disbursement this Period<br>20.40   |
| City New York State NY Zip Code 10018  | Purpose of Disbursement<br>PUBLICATION<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PLATINUM PLUS</b>   |  | Transaction ID: SB.178-34<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6        |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>39.00   |
| City Wilmington State DE Zip Code 19850  | Purpose of Disbursement<br>BANK CHARGE<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. PLATINUM PLUS</b>   |  | <b>Transaction ID:</b> SB.178-39<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6  |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>30.28<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Wilmington State DE Zip Code 19850  | Purpose of Disbursement BANK CHARGE<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. RADIO SHACK</b>   |  | <b>Transaction ID:</b> SB.178-11<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6  |
| Mailing Address 925 LEXINGTON AVENUE   |  | Amount of Each Disbursement this Period<br>65.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City New York State NY Zip Code 10021  | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RADIO SHACK</b>   |  | <b>Transaction ID:</b> SB.178-32<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6  |
| Mailing Address 925 LEXINGTON AVENUE   |  | Amount of Each Disbursement this Period<br>75.19<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City New York State NY Zip Code 10021  | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SKATE MALL</b>  |  | Transaction ID: SB.178-13<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6  |
| Mailing Address 4890 Ironton St. Unit 6K   |  | Amount of Each Disbursement this Period<br>424.84<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City DENVER State CO Zip Code 80239  |  |  |
| Purpose of Disbursement<br>COLLATERAL MATERIALS<br>Candidate Name  | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STAPLES</b>   |  | Transaction ID: SB.178-15<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6  |
| Mailing Address 1280 LEXINGTON AVE   |  | Amount of Each Disbursement this Period<br>283.55<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City NEW YORK State NY Zip Code 10028  |  |  |
| Purpose of Disbursement<br>OFFICE SUPPLIES<br>Candidate Name   | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. STAPLES</b>   |  | Transaction ID: SB.178-35<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6  |
| Mailing Address 1280 LEXINGTON AVE   |  | Amount of Each Disbursement this Period<br>178.61<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City NEW YORK State NY Zip Code 10028  |  |  |
| Purpose of Disbursement<br>OFFICE SUPPLIES<br>Candidate Name   | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | ..... |

# 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)

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|   |  |   |
|---|--|---|
| <p><b>A. STAPLES</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1280 LEXINGTON AVE</p> <p>City NEW YORK State NY Zip Code 10028</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p>Transaction ID: SB.178-4</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="227.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p> <p><input type="text" value="000"/></p>  |

|   |  |   |
|---|--|---|
| <p><b>B. STATE NEWS</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1243 3RD AVENUE</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement PUBLICATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p>Transaction ID: SB.178-17</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="16.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p> <p><input type="text" value="000"/></p>  |

|   |  |   |
|---|--|---|
| <p><b>C. USPS</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 217 E 70TH STREET</p> <p>City NEW YORK State NY Zip Code 10021</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p>Transaction ID: SB.178-2</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="323.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p>Disbursement For: 2006</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>   |  | <p>Category/Type</p> <p><input type="text" value="000"/></p>  |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="0.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>              |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>  |  | Transaction ID: SB.178-8<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 7 / 2 0 0 6   |
| Mailing Address 217 E 70TH STREET  |  | Amount of Each Disbursement this Period<br>308.80<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City NEW YORK State NY Zip Code 10021  |  |  |
| Purpose of Disbursement POSTAGE<br>Candidate Name  | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Platinum Plus</b>   |  | Transaction ID: SB.185<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 9 / 2 0 0 6   |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>150.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Wilmington State DE Zip Code 19850  |  |  |
| Purpose of Disbursement 2/20 FROMEX & 2/23 METROCARD \$76<br>Candidate Name  | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FROMEX ONE HOUR PHOTO</b>   |  | Transaction ID: SB.185-1<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 9 / 2 0 0 6  |
| Mailing Address 1017 State Street  |  | Amount of Each Disbursement this Period<br>74.78<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Santa Barbara State CA Zip Code 93101   |  |   |
| Purpose of Disbursement PHOTOGRAPHS<br>Candidate Name  | 000<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 150.78      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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 100 / 108

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. METRO TRANSIT AUTHORITY</b>   |  | Transaction ID: SB.185-2<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 347 MADISON AVENUE   |  | Amount of Each Disbursement this Period<br>76.00   |
| City New York State NY Zip Code 10017  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |  |
| Purpose of Disbursement TRAVEL<br>Candidate Name   |  | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Platinum Plus</b>   |  | Transaction ID: SB.186<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 9 / 2 0 0 6 |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>108.14  |
| City Wilmington State DE Zip Code 19850  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |  |
| Purpose of Disbursement CREDIT CARD PAYMENT<br>Candidate Name  |  | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. EXXONMOBIL</b>  |  | Transaction ID: SB.186-2<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 9 / 2 0 0 6 |
| Mailing Address 14150UNION TURNPIKE  |  | Amount of Each Disbursement this Period<br>41.09   |
| City FLUSHING State NY Zip Code 11367  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b>                            |  |
| Purpose of Disbursement TRANSPORTATION<br>Candidate Name   |  | 000<br>Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 108.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

**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 101 / 108

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. TOSCA RESTAURANT</b>  |  | Transaction ID: SB.186-1<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 09 / 2006   |
| Mailing Address 4038 E Tremont Ave   |  | Amount of Each Disbursement this Period<br>67.05<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City BRONX State NY Zip Code 10465   | Purpose of Disbursement<br>FOOD/BEVERAGE<br>Candidate Name<br>Category/Type<br>000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Platinum Plus</b>   |  | Transaction ID: SB.189<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 17 / 2006  |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>913.22<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Wilmington State DE Zip Code 19850  | Purpose of Disbursement<br>CREDIT CARD PAYMENT<br>Candidate Name<br>Category/Type<br>000   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. AMTRAK</b>  |  | Transaction ID: SB.189-A<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>01 / 17 / 2006  |
| Mailing Address 50 Massachusetts Ave NE  |  | Amount of Each Disbursement this Period<br>320.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Washington State DC Zip Code 20002  | Purpose of Disbursement<br>TRAVEL<br>Candidate Name<br>Category/Type<br>000  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 913.22 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# 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 102 / 108

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| <b>A. CITARELLA</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1313 3RD AVE<br>City New York State NY Zip Code 10021<br>Purpose of Disbursement FOOD/BEVERAGE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.189-F</b><br>Date of Disbursement<br>01 / 17 / 2006<br>Amount of Each Disbursement this Period<br>9.98<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
|--|--|---|

|  |  |   |
|--|--|---|
| <b>B. NEW YORK POST</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1211 AVENUE OF THE AMERICAS<br>City New York State NY Zip Code 10036<br>Purpose of Disbursement SUBSCRIPTION<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.189-E</b><br>Date of Disbursement<br>01 / 17 / 2006<br>Amount of Each Disbursement this Period<br>197.08<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
|--|--|---|

|  |  |  |
|--|--|--|
| <b>C. STAPLES</b><br>Full Name (Last, First, Middle Initial)<br>Mailing Address 1280 LEXINGTON AVE<br>City New York State NY Zip Code 10028<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | <b>Transaction ID: SB.189-B</b><br>Date of Disbursement<br>01 / 17 / 2006<br>Amount of Each Disbursement this Period<br>35.22<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
|--|--|--|

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 0.00 |

# 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 103 / 108

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. STAPLES</b>   |  | Transaction ID: SB.189-C<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6                            |
| Mailing Address 1280 LEXINGTON AVE   |  | Amount of Each Disbursement this Period<br>184.22   |
| City New York State NY Zip Code 10028  | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. STAPLES</b>   |  | Transaction ID: SB.189-D<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6                            |
| Mailing Address 1280 LEXINGTON AVE   |  | Amount of Each Disbursement this Period<br>166.72   |
| City New York State NY Zip Code 10028  | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Category/Type 000   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Platinum Plus</b>   |  | Transaction ID: SB.191<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6        |
| Mailing Address PO Box 15463   |  | Amount of Each Disbursement this Period<br>509.14   |
| City Wilmington State DE Zip Code 19850  | Purpose of Disbursement CREDIT CARD:<br>Candidate Name<br>Category/Type 000  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 509.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....  |

# 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 104 / 108

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" 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 type="checkbox"/> 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)  
KT McFarland for Congress

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. AMTRAK</b>  |  | Transaction ID: SB.191-1<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6   |
| Mailing Address 50 Massachusetts Ave NE  |  | Amount of Each Disbursement this Period<br>320.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Washington State DC Zip Code 20002  |  |  |
| Purpose of Disbursement TRAVEL<br>Candidate Name   | 000<br>Category/Type   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. AMTRAK</b>  |  | Transaction ID: SB.191-2<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6  |
| Mailing Address 50 Massachusetts Ave NE  |  | Amount of Each Disbursement this Period<br>16.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Washington State DC Zip Code 20002  |  |   |
| Purpose of Disbursement TRAVEL<br>Candidate Name   | 000<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. AMTRAK</b>  |  | Transaction ID: SB.191-3<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 1 7 / 2 0 0 6  |
| Mailing Address 50 Massachusetts Ave NE  |  | Amount of Each Disbursement this Period<br>16.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53<br><b>[MEMO ITEM]</b> |
| City Washington State DC Zip Code 20002  |  |   |
| Purpose of Disbursement TRAVEL<br>Candidate Name   | 000<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 0.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____ |

**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 105 / 108

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 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)  
KT McFarland for Congress

**A.** FOLIAGE GARDEN

Full Name (Last, First, Middle Initial)  
Mailing Address 120 W 28TH STREET

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement  
FLORAL ARRANGEMENT EXPENSE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB.191-4  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 7 | / | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|        |
|--------|
| 157.14 |
|--------|

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

**[MEMO ITEM]**

**B.** Xquizit Technolgies

Full Name (Last, First, Middle Initial)  
Mailing Address 155 Franklin Ave

City Nutley State NJ Zip Code 71103

Purpose of Disbursement  
WEB SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB.133  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 8 | / | 2 | 0 | 0 | 6 |

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

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

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

|        |
|--------|
| 250.00 |
|--------|

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

|           |
|-----------|
| 135651.09 |
|-----------|

**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 106 / 108

|                              |  |                              |                              |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17  | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b           | <input type="checkbox"/> 20c | <input type="checkbox"/> 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)  
KT McFarland for Congress

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. KT McFarland For Senate</b>  |   | <b>Transaction ID: SB.230</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6  |
| Mailing Address 954 Lexington Ave<br>Box 135  |   | Amount of Each Disbursement this Period<br>279700.00   |
| City New York State NY Zip Code 10021   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement<br>TRANSFER   |   | 000<br>Category/<br>Type   |
| Candidate Name<br>KATHLEEN MCFARLAND  |   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: NY District:   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KT McFarland For Senate</b>  |   | <b>Transaction ID: SB.230B</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 6   |
| Mailing Address 954 LEXINGTON AVENUE<br>BOX 135   |   | Amount of Each Disbursement this Period<br>120300.00   |
| City NEW YORK State NY Zip Code 10021   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |  |
| Purpose of Disbursement<br>TRANSFER   |   | 000<br>Category/<br>Type   |
| Candidate Name<br>KATHLEEN MCFARLAND  |   | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | State: NY District:   |  |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 400000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 400000.00 |

**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 107 / 108

|                                     |     |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/>            | 17  | <input type="checkbox"/> | 18  | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input checked="" type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 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)  
KT McFarland for Congress

A. Full Name (Last, First, Middle Initial)  
Louise H. Finnerty

Mailing Address 400 Park Avenue

City Rye State NY Zip Code 10580

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB.138

Date of Disbursement

01 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

1000.00

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

1000.00

**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 108 / 108

|                              |                              |                              |  |
|------------------------------|------------------------------|------------------------------|--|
| <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 |

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)  
KT McFarland for Congress

**A.** Full Name (Last, First, Middle Initial)  
Committee to Re-Elect Vito Fossella

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB.220

Date of Disbursement

03 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
New York Republican County Cmte

Mailing Address c/o 355 Lexington Ave  
Suite 1001

City New York State NY Zip Code 10017

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

000  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** SB.168

Date of Disbursement

03 / 01 / 2006

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

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

2000.00