

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SENATE

06 JUL 15 PM 4:06

Office Use Only

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

K T McFarland for Senate

ADDRESS (number and street) **854 Lexington Avenue**

Check if different than previously reported. (ACC) **Box 135**

New York **NY** **10021**

2. FEC IDENTIFICATION NUMBER **00422386**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CITY STATE ZIP CODE STATE DISTRICT

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 **04 01 2006** through **06 30 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 **TIMOTHY C. BOYLE**

Signature of Treasurer **Timothy C. Boyle** Date **07 15 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.

26020422925

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

K T McFarland for Senate

Report Covering the Period: From:

MM
04

DD
01

YYYYYY
2006

To:

MM
06

DD
30

YYYYYY
2006

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e)).....

224073.20

224073.20

(b) Total Contribution Refunds
(from Line 20(d)).....

14400.00

14400.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)).....

209673.20

209673.20

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17).....

454600.84

454600.84

(b) Total Offsets to Operating
Expenditures (from Line 14).....

0.00

0.00

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)).....

454600.84

454600.84

**8. Cash on Hand at Close of
Reporting Period (from Line 27).....**

282131.07

**9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D).....**

0.00

**10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D).....**

307590.44

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20483

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

26820422926

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
K T McFarland for Senate

Report Covering the Period:

From:

MM DD YYYY
04 01 2006

To:

MM DD YYYY
06 30 2006

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).....

212000.00

212000.00

(ii) Unitemized.....

(iii) TOTAL of contributions

12042.00

12042.00

from Individuals..... ▶

224042.00

224042.00

(b) Political Party Committees.....

0.00

0.00

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

31.20

31.20

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

224073.20

224073.20

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

27058.71

427058.71

13. LOANS

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

100000.00

100000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

100000.00

100000.00

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)..... ▶

351131.91

751131.91

26020422927

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 454600.84 | 454600.84 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 14400.00 | 14400.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 14400.00 | 14400.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) > | 469000.84 | 469000.84 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 400000.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 351131.91 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 751131.91 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 469000.84 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 282131.07 |

26020422928

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Transaction ID: SC-1

LOAN SOURCE Full Name (Last, First, Middle Initial)
KATHLEEN MCFARLAND - LOAN FROM PERSONAL FUNDS

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 954 LEXINGTON AVENUE
BOX 135

City NEW YORK State NY ZIP Code 10021

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 100000.00 | 0.00 | 100000.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---------------------|------------|---------------|---|
| MM 06 DD 29 YY 2006 | 12/31/2008 | 0.000% (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (If any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional) ▶ 100000.00

TOTALS This Period (last page in this line only) ▶ 100000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

25020422929

SCHEDULE D (FEC Form 3)

(Use separate
schedules) for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|-------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT ASTORINO | | Nature of Debt (Purpose): POLITICAL CONSULTING |
| Mailing Address 954 LEXINGTON AVENUE | | |
| City State NEW YORK NY | ZIP Code 10021 | |

| | | |
|---|--------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: 120 | |
| Amount Incurred This Period 13004.80 | Payment This Period 7586.45 | Outstanding Balance at Close of This Period 5418.35 |

| | | |
|--|-------------------|-------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT DAVIS | | Nature of Debt (Purpose): TRAVEL |
| Mailing Address 107 DELAWARE AVE SUITE 17 | | |
| City State BUFFALO NY | ZIP Code 14202 | |

| | | |
|---|-----------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: 119 | |
| Amount Incurred This Period 1132.62 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1132.62 |

| | | |
|--|-------------------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EDWARD J ROLLINS | | Nature of Debt (Purpose): POLITICAL CONSULTING |
| Mailing Address 301 E. 88TH ST | | |
| City State NEW YORK NY | ZIP Code 10021 | |

| | | |
|---|---------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID: 110 | |
| Amount Incurred This Period 57500.00 | Payment This Period 32500.00 | Outstanding Balance at Close of This Period 25000.00 |

| | |
|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 31550.97 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

26020422930

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
A. JOSHUA ERLICH ATTY AT LAW

Nature of Debt (Purpose):
LEGAL CONSULTING

Mailing Address: CAPITOL STATION
P.O. BOX 7273

City State ZIP Code
ALBANY NY 12224

Outstanding Balance Beginning This Period Transaction ID: 100
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
15000.00 10000.00 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ARISTOTLE INTERNATIONAL

Nature of Debt (Purpose):
COMPUTER SOFTWARE

Mailing Address: 205 PENNSYLVANIA AVE SE

City State ZIP Code
WASHINGTON DC 20008

Outstanding Balance Beginning This Period Transaction ID: 101
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
1500.00 0.00 1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BARRINGTON WORLDWIDE

Nature of Debt (Purpose):
POLITICAL CONSULTING

Mailing Address: PO BOX 19057

City State ZIP Code
ALEXANDRIA VA 22320

Outstanding Balance Beginning This Period Transaction ID: 102
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
50783.47 32414.85 18368.62

| | |
|---|----------|
| 1) SUBTOTALS This Period This Page (optional)..... | 24868.62 |
| 2) TOTALS This Period (last page this line number only)..... | |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

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SCHEDULE D (FEC Form 3)

(Use separate
schedules
for each
numbered line)

DEBTS AND OBLIGATIONS

FOR LINE NUMBER:
(check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CAMPAIGN SOLUTIONS/DONATELLI GROUP

Nature of Debt (Purpose):
WEB SERVICES

Mailing Address 118 N. SAINT ASAPH ST.

City State ZIP Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID: 103

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

6505.63

3000.00

3505.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CAPITAL CAMPAIGNS

Nature of Debt (Purpose):
FINANCE CONSULTING

Mailing Address 921 11TH STREET
SUITE 420

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

Transaction ID: 104

66108.88

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

67265.48

93176.95

40197.41

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CMDI

Nature of Debt (Purpose):
DATA MANAGEMENT SVC

Mailing Address 7704 LEESBURG PIKE

City State ZIP Code
FALLS CHURCH VA 22043

Outstanding Balance Beginning This Period

Transaction ID: 105

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1500.00

0.00

1500.00

1) SUBTOTALS This Period This Page (optional).....

45203.04

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate lines of Summary Page (last page only).....

26020422932

SCHEDULE D (FEC Form 3)

(Use separate schedule(s) for each numbered line)

DEBTS AND OBLIGATIONS

Excluding Loans

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COMPLIANCE CONSULTING LLC

Nature of Debt (Purpose):
COMPLIANCE CONSULTING

Mailing Address PO BOX 385

City MCLEAN **State** VA **ZIP Code** 22101

Outstanding Balance Beginning This Period **Transaction ID: 106**

Amount Incurred This Period **Payment This Period** **Outstanding Balance at Close of This Period**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
GOURIER CAR RENTAL INC

Nature of Debt (Purpose):
TRANSPORTATION SVC

Mailing Address 19 WRIGHT STREET

City FAIRFIELD **State** NJ **ZIP Code** 07004

Outstanding Balance Beginning This Period **Transaction ID: 107**

Amount Incurred This Period **Payment This Period** **Outstanding Balance at Close of This Period**

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DONATELLI AVELLA INC

Nature of Debt (Purpose):
COLLATERAL MATERIALS

Mailing Address P.O. BOX 25784

City ALEXANDRIA **State** VA **ZIP Code** 22313

Outstanding Balance Beginning This Period **Transaction ID: 108**

Amount Incurred This Period **Payment This Period** **Outstanding Balance at Close of This Period**

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="23173.35"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

26020422933

SCHEDULE D (FEC Form 3)

(Use separate
schedules)
for each
numbered line)

DEBTS AND OBLIGATIONS

Excluding Loans

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|--|--------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EMPIRE CAPITOL STRATEGIES | | Nature of Debt (Purpose): POLITICAL CONSULTING | |
| Mailing Address 330 W 86TH | | | |
| City | State | ZIP Code | |
| NEW YORK | NY | 10024 | |
| Outstanding Balance Beginning This Period | | Transaction ID: 111 | |
| <input type="text" value="0.00"/> | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| <input type="text" value="41179.80"/> | <input type="text" value="6179.80"/> | <input type="text" value="35000.00"/> | |

| | | | |
|---|-----------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MCFARLAND DEWEY & CO LLC | | Nature of Debt (Purpose): EQUIP RENT/PHONE SVC | |
| Mailing Address 420 LEXINGTON AVENUE | | | |
| City | State | ZIP Code | |
| NEW YORK | NY | 10170 | |
| Outstanding Balance Beginning This Period | | Transaction ID: 115 | |
| <input type="text" value="0.00"/> | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| <input type="text" value="2805.65"/> | <input type="text" value="0.00"/> | <input type="text" value="2805.65"/> | |

| | | | |
|---|---------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor O REILLY STRATEGIC COMMS LLC | | Nature of Debt (Purpose): COMMUNICATIONS CONSULTING | |
| Mailing Address 380 LEXINGTON AVENUE SUITE 2111 | | | |
| City | State | ZIP Code | |
| NEW YORK | NY | 10168 | |
| Outstanding Balance Beginning This Period | | Transaction ID: 118 | |
| <input type="text" value="0.00"/> | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| <input type="text" value="30559.50"/> | <input type="text" value="20559.50"/> | <input type="text" value="10000.00"/> | |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="47905.65"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |

2602042293A

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 11 / 232 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THE VICTORY GROUP | Nature of Debt (Purpose): MEDIA CONSULTING |
| Mailing Address 1220 HILLSHIRE ROAD | |
| City State ZIP Code BALTIMORE MD 21222 | |

| | | |
|---|---|---|
| Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">D.00</div> | Transaction ID: 122 | |
| Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">78388.81</div> | Payment This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">43500.00</div> | Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">34888.81</div> |

| | |
|--|--|
| 1) SUBTOTALS This Period This Page (optional)..... | <div style="border: 1px solid black; padding: 2px;">34888.81</div> |
| 2) TOTALS This Period (last page this line number only)..... | <div style="border: 1px solid black; padding: 2px;">207590.44</div> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> |

26020422935

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

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

FOR LINE NUMBER: PAGE 12 / 232

(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)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. PETER ACKERMAN

Mailing Address 3229 R. STREET N.W.

City State Zip Code
WASHINGTON DC 20007-2941

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

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2008

Transaction ID: SA11.639

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MS. JACQUELINE ADAMS

Mailing Address 520 EAST 90TH STREET
APT. 1 C

City State Zip Code
NEW YORK NY 10128-7851

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

Name of Employer
SELF-EMPLOYED

Occupation
CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2008

Transaction ID: SA11.584

Amount of Each Receipt this Period
750.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MR. ALLEN ADLER

Mailing Address 800 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-2760

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

Name of Employer
ALLEN ADLER ENTERPRISES

Occupation
INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: SA11.600

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 4750.00

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

26020422936

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

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

FOR LINE NUMBER: PAGE 13 / 232

(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 |

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. ALICE Z. AMELAR

Mailing Address 52B BULL MILL ROAD

City CHESTER State NY Zip Code 10918-4706

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

Name of Employer Occupation
RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2008

Transaction ID: SA11.877

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
ANN MADONIA ANTIQUES, LTD.

Mailing Address 182 SEVENTH STREET

City GARDEN CITY State NY Zip Code 11530-5725

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

Name of Employer Occupation
ANN MADONIA ANTIQUES SELF EMPLOYED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2008

Transaction ID: SA11.747

Amount of Each Receipt this Period
-2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

(MEMO ITEM)
REFUND

C. Full Name (Last, First, Middle Initial)
MR. G. LEONARD BAKER, JR.

Mailing Address 940 HAMILTON

City PALO ALTO State CA Zip Code 94301-2212

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

Name of Employer Occupation
SUTTER HILL VENTURES INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2008

Transaction ID: SA11.834

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

4100.00

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

26020422937

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

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

FOR LINE NUMBER: PAGE 14 / 232
(check only one)

11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. MARY ANNE BAKER

Mailing Address 940 HAMILTON

City PALO ALTO State CA Zip Code 94301-2212

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

Name of Employer SLITTER HILL VENTURES Occupation INVESTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 17 / 2008

Transaction ID: SA11.833

Amount of Each Receipt this Period 2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

B. Full Name (Last, First, Middle Initial)
MR. PAUL F. BALSER

Mailing Address 140 RIVERSIDE DRIVE
APARTMENT 10A

City NEW YORK State NY Zip Code 10024-2605

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

Name of Employer IRONWOOD PARTNERS, LLC Occupation FUND MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt 04 / 26 / 2008

Transaction ID: SA11.571

Amount of Each Receipt this Period 2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

C. Full Name (Last, First, Middle Initial)
MR. PAUL F. BALSER

Mailing Address 140 RIVERSIDE DRIVE
APARTMENT 10A

City NEW YORK State NY Zip Code 10024-2605

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

Name of Employer IRONWOOD PARTNERS, LLC Occupation FUND MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt 05 / 28 / 2008

Transaction ID: SA11.887

Amount of Each Receipt this Period 2000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)/441a-1)

SUBTOTAL of Receipts This Page (optional) 6200.00

TOTAL This Period (last page this line number only)

26020422938

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

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

FOR LINE NUMBER: PAGE 15 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. PAUL F. BALSER

Mailing Address 140 RIVERSIDE DRIVE
APARTMENT 10A

City NEW YORK State NY Zip Code 10024-2805

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

Name of Employer IRONWOOD PARTNERS, LLC Occupation FUND MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt 06 / 28 / 2008
Transaction ID: SA11.867B
Amount of Each Receipt this Period -2000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)(A)-1)
(MEMO ITEM)
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. PAUL F. BALSER

Mailing Address 140 RIVERSIDE DRIVE
APARTMENT 10A

City NEW YORK State NY Zip Code 10024-2805

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

Name of Employer IRONWOOD PARTNERS, LLC Occupation FUND MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt 06 / 28 / 2008
Transaction ID: SA11.907
Amount of Each Receipt this Period 2000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)(A)-1)
(MEMO ITEM)
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. JAMES W.B. BENKARD

Mailing Address 1192 PARK AVENUE
APARTMENT 11A

City NEW YORK State NY Zip Code 10128-1314

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

Name of Employer DAVIS, POLK & WARDWELL Occupation LAWYER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 06 / 30 / 2008
Transaction ID: SA11.885
Amount of Each Receipt this Period 500.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)(A)-1)

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

26020422939

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

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

FOR LINE NUMBER: PAGE 18 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. MR. ALFRED R. BERKELEY, III | | Date of Receipt 05 / 22 / 2008 |
| Mailing Address 301 NORTHFIELD PLACE | | Transaction ID: SA11.2B |
| City BALTIMORE | State MD | Zip Code 21210-2817 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -2100.00 |
| Name of Employer PIPELINE TRADING SYSTEMS LLC | Occupation CHIEF EXECUTIVE OFFICER | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) (MEMO ITEM) REDESIGNATION TO PRIMARY |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2100.00 | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MR. ALFRED R. BERKELEY, III | | Date of Receipt 05 / 22 / 2008 |
| Mailing Address 301 NORTHFIELD PLACE | | Transaction ID: SA11.651 |
| City BALTIMORE | State MD | Zip Code 21210-2817 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2100.00 |
| Name of Employer PIPELINE TRADING SYSTEMS LLC | Occupation CHIEF EXECUTIVE OFFICER | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) (MEMO ITEM) REDESIGNATION FROM GENERAL |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2100.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MR. ROBERT A. BERNHARD | | Date of Receipt 08 / 21 / 2008 |
| Mailing Address 800 PARK AVENUE | | Transaction ID: SA11.845 |
| City NEW YORK | State NY | Zip Code 10021-2760 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer MUNN, BERNHARD & ASSOCIAT. ES | Occupation MANAGING MEMBER-INVESTMENT PARTNER | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

26020422940

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

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

FOR LINE NUMBER: PAGE 17 / 232

(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. ANDREW M. BLUM

Mailing Address 320 EAST 57TH STREET
APARTMENT 4B

City State Zip Code
NEW YORK NY 10022-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.E. UNTERBERG, TOWBIN IN-
TERNATIONAL

Occupation
CHAIRMAN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt

04 26 2008

Transaction ID: SA11.658

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(A)-1)

Full Name (Last, First, Middle Initial)

B. MR. ANDREW M. BLUM

Mailing Address 320 EAST 57TH STREET
APARTMENT 4B

City State Zip Code
NEW YORK NY 10022-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.E. UNTERBERG, TOWBIN IN-
TERNATIONAL

Occupation
CHAIRMAN

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2008.00

Date of Receipt

06 28 2008

Transaction ID: SA11.870

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(A)-1)

Full Name (Last, First, Middle Initial)

C. REVEREND THOMAS BOWERS

Mailing Address 304 LORD GRANVILLE DRIVE

City State Zip Code
MOREHEAD CITY NC 28567-8958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
RET.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

05 01 2008

Transaction ID: SA11.586

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶

1650.00

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 18 / 232

(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)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. JAMES C. BRADY

Mailing Address BOX 351

City State Zip Code
GLADSTONE NJ 07934-0351

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2006

Transaction ID: SA11.630

Amount of Each Receipt this Period
500.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)

B. Full Name (Last, First, Middle Initial)
MR. DONALD B. BRANT, JR.

Mailing Address 530 EAST 86TH STREET
APT. 4C

City State Zip Code
NEW YORK NY 10028-7535

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 ▼
1500.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2006

Transaction ID: SA11.601

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)

C. Full Name (Last, First, Middle Initial)
MR. DONALD B. BRANT, JR.

Mailing Address 530 EAST 86TH STREET
APT. 4C

City State Zip Code
NEW YORK NY 10028-7535

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 ▼
1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11.687

Amount of Each Receipt this Period
500.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1)

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | |

26020422942

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

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

FOR LINE NUMBER: PAGE 19 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. LUCY BROWN ARMSTRONG

Mailing Address P.O. BOX 33

City

UPPERVILLE

State

VA

Zip Code

20185-0033

FEC ID number of contributing federal political committee.

C

Name of Employer
ON A ROLL, INC.

Occupation

PHOTOGRAPHER

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 30 / 2006

Transaction ID: SA11.811

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

B. MR. HENRY M. BUHL

Mailing Address 114 GREENE STREET
5TH FLOOR

City

NEW YORK

State

NY

Zip Code

10012-3829

FEC ID number of contributing federal political committee.

C

Name of Employer
PROGRAMS FOR HOMELESS

Occupation

SOCIAL WORKER

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 30 / 2006

Transaction ID: SA11.786

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. MR. CHRISTOPHER B. BURNHAM

Mailing Address 8830 BELMART RD

City

POTOMAC

State

MD

Zip Code

20854-1611

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11.583

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-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: PAGE 20 / 232

(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 | | | |

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NAME OF COMMITTEE (in Full)

K T McFarland for Senate

| | | |
|--|---|--|
| <p>A. MRS. ANNE B. BYERS Full Name (Last, First, Middle Initial) Mailing Address 155 PIPING ROCK ROAD City State Zip Code LOCUST VALLEY NY 11550-2508</p> | | <p>Date of Receipt MM / DD / YYYY 06 / 09 / 2008 Transaction ID: SA11.804 Amount of Each Receipt this Period 500.00</p> |
| <p>FEC ID number of contributing federal political committee. C</p> | | <p>CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))</p> |
| <p>Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Occupation HOME MAKER Election Cycle-to-Date ▼ 500.00</p> | |

| | | |
|---|---|---|
| <p>B. MS. BONNIE TIBURZI CAPUTO Full Name (Last, First, Middle Initial) Mailing Address 49 E. 91ST STREET City State Zip Code NEW YORK NY 10128-1349</p> | | <p>Date of Receipt MM / DD / YYYY 08 / 30 / 2008 Transaction ID: SA11.883 Amount of Each Receipt this Period 1000.00</p> |
| <p>FEC ID number of contributing federal political committee. C</p> | | <p>CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))</p> |
| <p>Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Occupation RETIRED Election Cycle-to-Date ▼ 1000.00</p> | |

| | | |
|--|---|--|
| <p>C. ROBERT CAREY Full Name (Last, First, Middle Initial) Mailing Address 330 WEST 86TH ST. #8 City State Zip Code NEW YORK NY 10024-3118</p> | | <p>Date of Receipt MM / DD / YYYY 04 / 26 / 2008 Transaction ID: SA11.665 Amount of Each Receipt this Period 250.00</p> |
| <p>FEC ID number of contributing federal political committee. C</p> | | <p>CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))</p> |
| <p>Name of Employer SELF-EMPLOYED Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Occupation POLICY ANALYST Election Cycle-to-Date ▼ 250.00</p> | |

| | |
|--|----------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>1750.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

26020422944

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

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

FOR LINE NUMBER: PAGE 21 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH S. CASHIN

Mailing Address 501 SEVENTH AVENUE

City State Zip Code
NEW YORK NY 10018-5903

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.656

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)/441a-1)
[MEMO ITEM]
REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH S. CASHIN

Mailing Address 501 SEVENTH AVENUE

City State Zip Code
NEW YORK NY 10018-5903

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.68

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)/441a-1)
[MEMO ITEM]
REDESIGNATION TO PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. RICHARD CASHIN

Mailing Address 10 GRACIE SQUARE
ONE EQUITY PARTNERS

City State Zip Code
NEW YORK NY 10028-6815

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

Name of Employer Occupation
ONE EQUITY PARTNERS MANAGING PARTNERS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.657

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)/441a-1)
[MEMO ITEM]
REDESIGNATION FROM GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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 22 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. RICHARD CASHIN

Mailing Address 10 GRACIE SQUARE
ONE EQUITY PARTNERS

City NEW YORK State NY Zip Code 10028-5915

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

Name of Employer ONE EQUITY PARTNERS Occupation MANAGING PARTNERS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.7B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
[MEMO ITEM]
REDESIGNATION TO PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. JOHN K. CASTLE

Mailing Address 1095 N. OCEAN BLVD.

City PALM BEACH State FL Zip Code 33480-3230

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

Name of Employer CASTLE HARLAN, INC. Occupation CHAIRMAN AND C.E.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2006

Transaction ID: SA11.607

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MS. PATRICIA A. CHAMBERS

Mailing Address 507 VAN BEUREN ROAD

City MORRISTOWN State NJ Zip Code 07960-8483

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.758

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 3100.00

TOTAL This Period (last page this line number only)

26020422946

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

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

FOR LINE NUMBER: PAGE 23 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. RAYMOND G. CHAMBERS

Mailing Address P.O. BOX 1975
310 SOUTH STREET

City MORRISTOWN State NJ Zip Code 07962-1975

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
05 / 22 / 2006

Transaction ID: SA11.759

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MRS. ANN CHARTERS

Mailing Address 40 RIVERSIDE DRIVE
APARTMENT 2

City NEW YORK State NY Zip Code 10023-8032

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2006

Transaction ID: SA11.858

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MR. EVERETT R. COOK

Mailing Address 125 E. 72ND STREET

City NEW YORK State NY Zip Code 10021-4250

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
POUSCHINE COOK CAPITAL PRIVATE EQUITY MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11.882

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

26020422947

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

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

FOR LINE NUMBER: PAGE 24 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. HOWARD E. COX, JR.

Mailing Address 880 WINTER STREET
SUITE 300

City WALTHAM State MA Zip Code 02451-1465

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

Name of Employer GREYLOCK Occupation VENTURES CAPITAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.841

Amount of Each Receipt this Period

4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MR. HOWARD E. COX, JR.

Mailing Address 880 WINTER STREET
SUITE 300

City WALTHAM State MA Zip Code 02451-1465

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

Name of Employer GREYLOCK Occupation VENTURES CAPITAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.841B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

(MEMO ITEM)
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. HOWARD E. COX, JR.

Mailing Address 880 WINTER STREET
SUITE 300

City WALTHAM State MA Zip Code 02451-1465

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

Name of Employer GREYLOCK Occupation VENTURES CAPITAL

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt

MM / DD / YYYY
06 / 13 / 2008

Transaction ID: SA11.842

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

(MEMO ITEM)
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶

4200.00

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

26020422948

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

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

FOR LINE NUMBER: PAGE 26 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. EDGAR CULLMAN

Mailing Address 770 PARK AVENUE
APT 2A

City State Zip Code
NEW YORK NY 10021-4153

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

Name of Employer Occupation
GENERAL CIGAR EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: SA11.836

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MR. JOHN J. DALESSANDRO, II

Mailing Address 110 E. END AVENUE

City State Zip Code
NEW YORK NY 10028-7412

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 ▼
1250.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11.797

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MRS. MARY WADSWORTH DARBY

Mailing Address 74 TOWER HILL LOOP
P.O. BOX 192

City State Zip Code
TUXEDO PARK NY 10987-0192

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11.872

Amount of Each Receipt this Period
2000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

26020422949

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

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

FOR LINE NUMBER: PAGE 28 / 232

(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 |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. THOMPSON DEAN

Mailing Address: 550 PARK AVENUE #10E

City: NEW YORK State: NY Zip Code: 10021-7369

FEC ID number of contributing federal political committee: C

Name of Employer: AVISTA CAPITAL PARTNERS Occupation: P.E. INVESTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 2000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.871

Amount of Each Receipt this Period
2000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MR. WALTER LONGSTREET DEANE

Mailing Address: 103 WEST LAKE ROAD

City: TUXEDO PARK State: NY Zip Code: 10987-3914

FEC ID number of contributing federal political committee: C

Name of Employer: LONGSTREET & ASSOCIATES, INC. Occupation: BROKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 600.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2006

Transaction ID: SA11.783

Amount of Each Receipt this Period
100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MRS. BAMBI DELAGUERRONNIERE

Mailing Address: 1067 FIFTH AVENUE

City: NEW YORK State: NY Zip Code: 10128-0101

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFFORTS Occupation: INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 3200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.770

Amount of Each Receipt this Period
3200.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) 5300.00

TOTAL This Period (last page this line number only)

26020422950

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

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

FOR LINE NUMBER: PAGE 27 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) A. MRS. BAMBI DELAQUERONNIERE | | Date of Receipt 05 / 22 / 2006 | |
| Mailing Address 1067 FIFTH AVENUE | | Transaction ID: SA11.7708 | |
| City NEW YORK | State NY | Zip Code 10128-0101 | Amount of Each Receipt this Period -1100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | | Occupation INFORMATION REQUESTED PER BEST EFFORTS | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 3200.00 | |
| <input type="checkbox"/> Spending (2 U.S.C. 441a(i)(4)(1a-1)) (MEMO ITEM) REDESIGNATION TO GENERAL | | | |

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) B. MRS. BAMBI DELAQUERONNIERE | | Date of Receipt 05 / 22 / 2006 | |
| Mailing Address 1067 FIFTH AVENUE | | Transaction ID: SA11.900 | |
| City NEW YORK | State NY | Zip Code 10128-0101 | Amount of Each Receipt this Period 1100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | | Occupation INFORMATION REQUESTED PER BEST EFFORTS | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 3200.00 | |
| <input type="checkbox"/> Spending (2 U.S.C. 441a(i)(4)(1a-1)) (MEMO ITEM) REDESIGNATION FROM PRIMARY | | | |

| | | | |
|---|-------------|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MR. RAFF DELAQUERONNIERE | | Date of Receipt 05 / 22 / 2006 | |
| Mailing Address 1067 FIFTH AVENUE | | Transaction ID: SA11.778 | |
| City NEW YORK | State NY | Zip Code 10128-0101 | Amount of Each Receipt this Period 3200.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer NEW PROVIDENCE ASSET MANAGEMENT | | Occupation MONEY MANAGER | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 3200.00 | |
| <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) | | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 3200.00 |
| TOTAL This Period (last page this line number only) | [] |

26020422951

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. RAFF DELAGUERRONNIERE

Mailing Address 1067 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10128-0101

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

Name of Employer
NEW PROVIDENCE ASSET MANAGEMENT

Occupation
MONEY MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.773B

Amount of Each Receipt this Period

-1100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

[MEMO ITEM]

REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. RAFF DELAGUERRONNIERE

Mailing Address 1067 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10128-0101

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

Name of Employer
NEW PROVIDENCE ASSET MANAGEMENT

Occupation
MONEY MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.898

Amount of Each Receipt this Period

1100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. THOMAS E. DEWEY, JR.

Mailing Address 235 E. 73RD STREET
APARTMENT 5A

City State Zip Code
NEW YORK NY 10021-0202

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

Name of Employer
DEWEY DEVLIN & KING, L.L.C.

Occupation
INVESTMENT BANKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: SA11.614

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

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

1000.00

26020422952

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

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

FOR LINE NUMBER: PAGE 28 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. THOMAS E. DEWEY, JR.

Mailing Address 235 E. 73RD STREET
APARTMENT 5A

City NEW YORK State NY Zip Code 10021-0202

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

Name of Employer DEWEY DEVLIN & KING, L.L.C.
Occupation INVESTMENT BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2006

Transaction ID: SA11.884

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(j)(441a-1)

B. Full Name (Last, First, Middle Initial)
MS. KATHLEEN M. DOYLE

Mailing Address 1115 FIFTH AVENUE

City NEW YORK State NY Zip Code 10128-0100

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

Name of Employer DOYLE NEW YORK
Occupation CEO, CHAIRMAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2006

Transaction ID: SA11.801

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(j)(441a-1)

C. Full Name (Last, First, Middle Initial)
MRS. FIONA DRUCKENMILLER

Mailing Address 117 E. 72 STREET

City NEW YORK State NY Zip Code 10021-4249

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.861

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(j)(441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

26020422953

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

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

FOR LINE NUMBER: PAGE 30 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. TANA E. DYE

Mailing Address 200 E. 66TH STREET

City NEW YORK State NY Zip Code 10021-9175

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
05 / 15 / 2006

Transaction ID: SA11.625

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
MR. THOMAS EDELMAN

Mailing Address 770 PARK AVENUE
APARTMENT 8D

City NEW YORK State NY Zip Code 10021-4163

FEC ID number of contributing federal political committee. C

Name of Employer BEAR CLUB ENERGY, LLC Occupation EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11.800

Amount of Each Receipt this Period 2100.00

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

C. Full Name (Last, First, Middle Initial)
MR. PETER FRELLINGHUYSEN

Mailing Address 941 PARK AVENUE

City NEW YORK State NY Zip Code 10028-0318

FEC ID number of contributing federal political committee. C

Name of Employer MORRIS & MC VEIGH, L.L.P. Occupation ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
05 / 09 / 2006

Transaction ID: SA11.612

Amount of Each Receipt this Period 2000.00

CONTRIBUTION
 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)

26020422954

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

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

FOR LINE NUMBER: PAGE 31 / 232

(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. HUGH J. FREUND

Mailing Address 215 EAST 88TH STREET

City State Zip Code
NEW YORK NY 10021-5718

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
06 / 30 / 2008

Transaction ID: SA11.875

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MRS. KAREN S. GAGE

Mailing Address 148 CHILDS ROAD

City State Zip Code
BASKING RIDGE NJ 07820-3326

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

Name of Employer

Occupation
RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
05 / 22 / 2008

Transaction ID: SA11.810

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MR. MARK A. GALASSO

Mailing Address 156 OVERLOOK DRIVE

City State Zip Code
COBLESKILL NY 12043-5128

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

Name of Employer
LANCASTER DEVELOPMENT INC.

Occupation
OWNER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
06 / 27 / 2008

Transaction ID: SA11.850

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 3100.00

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

26020422955

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

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

FOR LINE NUMBER: PAGE 32 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. FRANCESCO GALESİ

Mailing Address 435 EAST 52ND STREET

City State Zip Code
NEW YORK NY 10022-6445

FEC ID number of contributing federal political committee. C

Name of Employer
SELF-EMPLOYED Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2006

Transaction ID: SA11.594

Amount of Each Receipt this Period
500.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1A-1))

B. Full Name (Last, First, Middle Initial)
MRS. MARINA WOLKONSKY GALESİ

Mailing Address 435 EAST 52ND STREET

City State Zip Code
NEW YORK NY 10022-6445

FEC ID number of contributing federal political committee. C

Name of Employer
SELF-EMPLOYED Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2006

Transaction ID: SA11.595

Amount of Each Receipt this Period
500.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1A-1))

C. Full Name (Last, First, Middle Initial)
MR. DAVID GANEK

Mailing Address 655 THIRD AVENUE
G/O MARCUM AND KLEGMAN L.L.P. 16T

City State Zip Code
NEW YORK NY 10017-9113

FEC ID number of contributing federal political committee. C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: SA11.628

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1A-1))

SUBTOTAL of Receipts This Page (optional)

3100.00

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 33 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. DAVID GANEK

Mailing Address 655 THIRD AVENUE
C/O MARCUM AND KLIEGMAN L.L.P. 16T

City NEW YORK State NY Zip Code 10017-9113

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 15 / 2006
Transaction ID: SA11.626B
Amount of Each Receipt this Period -2100.00
CONTRIBUTION
STEFFENS based Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)41a-1)
[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. DAVID GANEK

Mailing Address 655 THIRD AVENUE
C/O MARCUM AND KLIEGMAN L.L.P. 16T

City NEW YORK State NY Zip Code 10017-9113

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 15 / 2006
Transaction ID: SA11.821
Amount of Each Receipt this Period 2100.00
CONTRIBUTION
STEFFENS based Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)41a-1)
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. DAVID GANEK

Mailing Address 655 THIRD AVENUE
C/O MARCUM AND KLIEGMAN L.L.P. 16T

City NEW YORK State NY Zip Code 10017-9113

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 04 / 26 / 2006
Transaction ID: SA11.987
Amount of Each Receipt this Period -2100.00
CONTRIBUTION
STEFFENS based Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)41a-1)
[MEMO ITEM]
REFUND

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

26020422957

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. ROBERT M. GARDNER

Mailing Address 47 LAKE ROAD
P.O. BOX 285

City FAR HILLS State NJ Zip Code 07931-2422

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 05 / 22 / 2006
Transaction ID: SA11.753
Amount of Each Receipt this Period 2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
MRS. ANNE T. GETZ

Mailing Address 49 GRAHAMPTON LANE

City GREENWICH State CT Zip Code 06830-3861

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 05 / 09 / 2006
Transaction ID: SA11.613
Amount of Each Receipt this Period 2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MRS. JOANNE S. GILL

Mailing Address 263 ADAMS STREET

City MILTON State MA Zip Code 02186-4232

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 04 / 26 / 2006
Transaction ID: SA11.581
Amount of Each Receipt this Period 500.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) 4700.00

TOTAL This Period (last page this line number only)

20020422958

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

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

FOR LINE NUMBER: PAGE 35 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MRS. JAN FULLGRAF GOLANN

Mailing Address 120 E. 81ST STREET

City

NEW YORK

State

NY

Zip Code

10028-1428

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

05 / 15 / 2008

Transaction ID: SA11.629

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. MS. JANE MACK GOULD

Mailing Address 1 SUTTON PLACE S.
APARTMENT 11C

City

NEW YORK

State

NY

Zip Code

10022-2406

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

05 / 22 / 2008

Transaction ID: SA11.780

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. MS. JANE MACK GOULD

Mailing Address 1 SUTTON PLACE S.
APARTMENT 11C

City

NEW YORK

State

NY

Zip Code

10022-2406

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

06 / 28 / 2008

Transaction ID: SA11.864

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

3000.00

26020422959

**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 / 232 | | |
| <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 | | | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MS. JANE MACK GOULD

Mailing Address 1 SUTTON PLACE S.
APARTMENT 11C

City NEW YORK State NY Zip Code 10022-2406

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

Name of Employer Occupation
RETIREED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2006

Transaction ID: SA11.864B

Amount of Each Receipt This Period
-900.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
[MEMO ITEM]
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MS. JANE MACK GOULD

Mailing Address 1 SUTTON PLACE S.
APARTMENT 11C

City NEW YORK State NY Zip Code 10022-2406

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

Name of Employer Occupation
RETIREED

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2006

Transaction ID: SA11.905

Amount of Each Receipt This Period
900.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. PETER GREGORY

Mailing Address 1100 PARK AVENUE

City NEW YORK State NY Zip Code 10126-1212

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

Name of Employer Occupation
CITIGROUP ASSET MANAGEMENT MONEY MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.777

Amount of Each Receipt This Period
500.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

26020422969

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. DANIEL HARNETT

Mailing Address 32 OCEAN AVE

City

BLUE POINT

State

NY

Zip Code

11715-2110

FEC ID number of contributing federal political committee.

C

Name of Employer
CHO HIGHWATER GROUP

Occupation

FOUNDER/CO-CEO

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

04 / 28 / 2006

Transaction ID: SA11.652

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(8)(441a-1))

Full Name (Last, First, Middle Initial)

B. MRS. NEDENIA MERRILL HARTLEY

Mailing Address 870 UNITED NATIONS PLAZA

City

NEW YORK

State

NY

Zip Code

10017-1807

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ACTRESS

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

05 / 15 / 2006

Transaction ID: SA11.627

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

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

Full Name (Last, First, Middle Initial)

C. MRS. NEDENIA MERRILL HARTLEY

Mailing Address 870 UNITED NATIONS PLAZA

City

NEW YORK

State

NY

Zip Code

10017-1807

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

ACTRESS

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

06 / 28 / 2006

Transaction ID: SA11.868

Amount of Each Receipt this Period

3200.00

CONTRIBUTION

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

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. DRUCILLA HASKIN

Mailing Address 201 EAST 80TH STREET
APT 8G

City State Zip Code
NEW YORK NY 10021-0615

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

Name of Employer Occupation
EQUINOX PARTNERS EXECUTIVE SEARCH

Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Date of Receipt

MM / DD / YYYY
05 / 31 / 2008

Transaction ID: SA11.813

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

Full Name (Last, First, Middle Initial)

B. MS. DEBORAH HEARST

Mailing Address P.O. BOX 1516

City State Zip Code
SOUTHAMPTON NY 11868-1516

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

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Date of Receipt

MM / DD / YYYY
08 / 13 / 2008

Transaction ID: SA11.839

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

Full Name (Last, First, Middle Initial)

C. MS. LISA W. HESS

Mailing Address 667 MADISON AVENUE

City State Zip Code
NEW YORK NY 10021-8029

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

Name of Employer Occupation
LOEWS CORPORATION VICE PRESIDENT & CHIEF INVESTMENT OFFICER

Receipt For: 2008
 Primary General
 Other (specify)
Election Cycle-to-Date
1000.00

Date of Receipt

MM / DD / YYYY
08 / 30 / 2008

Transaction ID: SA11.874

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

SUBTOTAL of Receipts This Page (optional) **3000.00**

TOTAL This Period (last page this line number only)

26020422962

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

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

FOR LINE NUMBER: PAGE 39 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM H. HEYMAN

Mailing Address 1111 PARK AVENUE
APT 9C

City State Zip Code
NEW YORK NY 10128-1234

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

Name of Employer
ST. PAUL TRAVELERS COMPAN-
IES

Occupation
INSURANCE/INVESTMENT EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.863

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM H. HEYMAN

Mailing Address 1111 PARK AVENUE
APT 9C

City State Zip Code
NEW YORK NY 10128-1234

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

Name of Employer
ST. PAUL TRAVELERS COMPAN-
IES

Occupation
INSURANCE/INVESTMENT EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.863B

Amount of Each Receipt this Period

-1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

C. MR. WILLIAM H. HEYMAN

Mailing Address 1111 PARK AVENUE
APT 9C

City State Zip Code
NEW YORK NY 10128-1234

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

Name of Employer
ST. PAUL TRAVELERS COMPAN-
IES

Occupation
INSURANCE/INVESTMENT EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3100.00

Date of Receipt

MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.863

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)

REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶

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

1000.00

26020422903

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MS. GAIL HEALY HILSON

Mailing Address OLYMPIC TOWER
641 FIFTH AVENUE SUITE 38 C

City State Zip Code
NEW YORK NY 10022

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 2006.00

Date of Receipt

MM / DD / YYYY
04 / 28 / 2006

Transaction ID: SA11.574

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

Full Name (Last, First, Middle Initial)

B. MRS. CECILIA HODES

Mailing Address 860 UNITED NATIONS PLZ APT 33A
APT 33A

City State Zip Code
NEW YORK NY 10017-1823

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
05 / 22 / 2006

Transaction ID: SA11.16B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

(MEMO ITEM)

REDESIGNATION TO PRIMARY

Full Name (Last, First, Middle Initial)

C. MRS. CECILIA HODES

Mailing Address 860 UNITED NATIONS PLZ APT 33A
APT 33A

City State Zip Code
NEW YORK NY 10017-1823

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
05 / 22 / 2006

Transaction ID: SA11.64E

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

(MEMO ITEM)

REDESIGNATION FROM GENERAL

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: PAGE 41 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. JAMES R. HOUGHTON

Mailing Address 2649 B SPENCER HILL ROAD

City

CORNING

State

NY

Zip Code

14830

FEC ID number of contributing federal political committee.

C

Name of Employer
CORNING INCORPORATED

Occupation
CHAIRMAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

05 / 03 / 2006

Transaction ID: SA11.599

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

Full Name (Last, First, Middle Initial)

B. MR. JEFFREY P. HUGHES

Mailing Address 1040 FIFTH AVENUE

City

NEW YORK

State

NY

Zip Code

10020-0137

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

05 / 01 / 2006

Transaction ID: SA11.585

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. MR. MURRAY HUNTER HUTCHISON

Mailing Address P.O. BOX 2231

City

RANCHO SANTA FE

State

CA

Zip Code

92087-2231

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

05 / 25 / 2006

Transaction ID: SA11.785

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

5200.00

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

26020422965

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. GARY ISRAEL

Mailing Address 1 EAST END AVENUE
APARTMENT 8

City State Zip Code
NEW YORK NY 10021-1102

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

Name of Employer Occupation
SULLIVAN & CROMWELL LLP ATTORNEY AT LAW

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
04 28 2008

Transaction ID: SA11.746

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))
[MEMO ITEM]
 REFUND

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER JOHNSON

Mailing Address 834 FIFTH AVENUE
APARTMENT 11B

City State Zip Code
NEW YORK NY 10021-7047

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

Name of Employer Occupation
SELF-EMPLOYED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 22 2008

Transaction ID: SA11.755

Amount of Each Receipt this Period
4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))

C. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER JOHNSON

Mailing Address 834 FIFTH AVENUE
APARTMENT 11B

City State Zip Code
NEW YORK NY 10021-7047

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

Name of Employer Occupation
SELF-EMPLOYED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 22 2008

Transaction ID: SA11.755B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1)-(1))
[MEMO ITEM]
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

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

4200.00

26020422966

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. CHRISTOPHER JOHNSON

Mailing Address 834 FIFTH AVENUE
APARTMENT 11B

City State Zip Code
NEW YORK NY 10021-7047

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

05 / 22 / 2008

Transaction ID: SA11.828

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

B. MR. JAMES JOHNSON

Mailing Address 70 ROBLEY ROAD

City State Zip Code
SALINAS CA 93906-8900

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

05 / 22 / 2008

Transaction ID: SA11.764

Amount of Each Receipt this Period

4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

Full Name (Last, First, Middle Initial)

C. MR. JAMES JOHNSON

Mailing Address 70 ROBLEY ROAD

City State Zip Code
SALINAS CA 93906-8900

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

05 / 22 / 2008

Transaction ID: SA11.764B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a)-1)

[MEMO ITEM]

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

4200.00

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

26020422967

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

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

FOR LINE NUMBER: PAGE 44 / 232

(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 | | | |

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) A. MR. JAMES JOHNSON | | Date of Receipt MM / DD / YYYY 05 / 22 / 2008 | |
| Mailing Address 70 ROBLEY ROAD | | Transaction ID: SA11.B32 | |
| City SALINAS | State CA | Zip Code 95008-8900 | Amount of Each Receipt this Period 2100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer | | Occupation RETIRED | |
| Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 4200.00 | |
| Name of Employer | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1) (MEMO ITEM) REDESIGNATION FROM PRIMARY | |

| | | | |
|---|-------------|---|---|
| Full Name (Last, First, Middle Initial) B. MRS. JANE B. JOHNSON | | Date of Receipt MM / DD / YYYY 05 / 22 / 2008 | |
| Mailing Address 834 FIFTH AVENUE APARTMENT 11B | | Transaction ID: SA11.756 | |
| City NEW YORK | State NY | Zip Code 10021-7047 | Amount of Each Receipt this Period 4200.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer | | Occupation HOMEMAKER | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 4200.00 | |
| Name of Employer | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1) | |

| | | | |
|---|-------------|--|--|
| Full Name (Last, First, Middle Initial) C. MRS. JANE B. JOHNSON | | Date of Receipt MM / DD / YYYY 05 / 22 / 2008 | |
| Mailing Address 834 FIFTH AVENUE APARTMENT 11B | | Transaction ID: SA11.756B | |
| City NEW YORK | State NY | Zip Code 10021-7047 | Amount of Each Receipt this Period -2100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer | | Occupation HOMEMAKER | |
| Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 4200.00 | |
| Name of Employer | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1) (MEMO ITEM) REDESIGNATION TO GENERAL | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 4200.00 |
| TOTAL This Period (last page this line number only) | 4200.00 |

25020422958

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRB. JANE B. JOHNSON

Mailing Address 834 FIFTH AVENUE
APARTMENT 11B

City NEW YORK State NY Zip Code 10021-7047

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 ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.830

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. JOANNE TAYLOR JOHNSON

Mailing Address 70 ROBLEY ROAD

City SALINAS State CA Zip Code 93908-8900

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 ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.765

Amount of Each Receipt this Period
4200.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)

C. Full Name (Last, First, Middle Initial)
MRS. JOANNE TAYLOR JOHNSON

Mailing Address 70 ROBLEY ROAD

City SALINAS State CA Zip Code 93908-8900

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 ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.765B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)441a-1)
[MEMO ITEM]
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

4200.00

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

26020422959

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. JOANNE TAYLOR JOHNSON

Mailing Address: 70 ROBLEY ROAD

City: SALINAS State: CA Zip Code: 93908-8900

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.834

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. THOMAS L. KALARIS

Mailing Address: 280 OAK RIDGE AVENUE

City: SUMMIT State: NJ Zip Code: 07901-3229

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: CHIEF EXECUTIVE - AMERICAS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2008

Transaction ID: SA11.784

Amount of Each Receipt this Period
4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KAREN KALARIS

Mailing Address: 280 OAK RIDGE AVENUE

City: SUMMIT State: NJ Zip Code: 07901-3229

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation: INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2008

Transaction ID: SA11.952

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)
REATTRIBUTED

SUBTOTAL of Receipts This Page (optional) ▶

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

4200.00

26020422973

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

Use separate schedule(s)
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Detailed Summary Page

FDR LINE NUMBER: PAGE 47 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. THOMAS L. KALARIS

Mailing Address 280 OAK RIDGE AVENUE

City

SUMMIT

State

NJ

Zip Code

07901-3229

FEC ID number of contributing federal political committee.

C

Name of Employer
BARCLAYS CAPITAL

Occupation

CHIEF EXECUTIVE - AMERICAS

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY
05 / 25 / 2006

Transaction ID: SA11.784B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)

REATTRIBUTED

Full Name (Last, First, Middle Initial)

B. MR. WARREN B. KANDERS

Mailing Address ONE LANDMARK SQUARE

City

STAMFORD

State

CT

Zip Code

06901-2602

FEC ID number of contributing federal political committee.

C

Name of Employer
KANDERS & COMPANY, INC.

Occupation

INVESTOR

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11.892

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. MR. THOMAS KEATING

Mailing Address 1192 PARK AVENUE
APT 16 C

City

NEW YORK

State

NY

Zip Code

10128-1314

FEC ID number of contributing federal political committee.

C

Name of Employer
JP MORGAN

Occupation

INVESTMENT BANKER

Receipt For: 2006

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11.570

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 232

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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. DR. RICHARD DEAN LISMAN

Mailing Address 635 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-6546

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) Election Cycle-to-Date 2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.19B
Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
[MEMO ITEM]
REDESIGNATION TO PRIMARY

Full Name (Last, First, Middle Initial)

B. DR. RICHARD DEAN LISMAN

Mailing Address 635 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-6546

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2006
 Primary General
 Other (specify) Election Cycle-to-Date 2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.852
Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))
[MEMO ITEM]
REDESIGNATION FROM GENERAL

Full Name (Last, First, Middle Initial)

C. MRS. SYLVIA LISMAN

Mailing Address 211 CENTRAL PARK WEST

City State Zip Code
NEW YORK NY 10024-6020

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 1000.00

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

Transaction ID: SA11.588
Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

26020422972

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

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FOR LINE NUMBER: PAGE 48 / 232

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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. ARTHUR LOEB

Mailing Address 680 MADISON AVENUE

City NEW YORK State NY Zip Code 10021-7246

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 ▼
4200.00

Date of Receipt
MM | DD | YYYY
05 | 22 | 2006

Transaction ID: SA11.748

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER G. LONG

Mailing Address 405 CAMPBELL ROAD

City GREENVILLE State DE Zip Code 19807-2011

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

Name of Employer Occupation
FRIESS ASSOCIATES OF DELAWARE EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM | DD | YYYY
05 | 22 | 2006

Transaction ID: SA11.776

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MR. FRANK LOPEZ-BALBOA

Mailing Address 1155 PARK AVENUE
APT. 10SW

City NEW YORK State NY Zip Code 10128-1209

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

Name of Employer Occupation
GOLDMAN SACHS INVESTMENT BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM | DD | YYYY
05 | 22 | 2006

Transaction ID: SA11.21B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
(MEMO ITEM)
REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional) 4200.00

TOTAL This Period (last page this line number only)

26020422973

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

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FOR LINE NUMBER: PAGE 60 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. FRANK LOPEZ-BALBOA

Mailing Address 1155 PARK AVENUE
APT. 10SW

City NEW YORK State NY Zip Code 10128-1209

FEC ID number of contributing federal political committee. C

Name of Employer GOLDMAN SACHS Occupation INVESTMENT BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.653

Amount of Each Receipt this Period 2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
[MEMO ITEM]
 REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
MR. DAN LUFKIN

Mailing Address 711 5TH AVENUE

City NEW YORK CITY State NY Zip Code 10022-3111

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 MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.655

Amount of Each Receipt this Period 1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MR. IAN C.S. MACGREGOR

Mailing Address 313 CHILEAN AVENUE

City PALM BEACH State FL Zip Code 33480-4831

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 ▼ 4200.00

Date of Receipt MM / DD / YYYY
05 / 15 / 2006

Transaction ID: SA11.628

Amount of Each Receipt this Period 4200.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶ 5200.00

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

26020422874

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

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. IAN C.S. MACGREGOR

Mailing Address 313 CHILEAN AVENUE

City State Zip Code
PALM BEACH FL 33480-4831

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 ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: SA11.628B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
(MEMO ITEM)
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MR. IAN C.S. MACGREGOR

Mailing Address 313 CHILEAN AVENUE

City State Zip Code
PALM BEACH FL 33480-4831

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 ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2006

Transaction ID: SA11.822

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)
(MEMO ITEM)
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MR. CAMERON MACRAE, III

Mailing Address 125 EAST 72ND STREET
APT. 7B

City State Zip Code
NEW YORK NY 10021-4250

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

Name of Employer Occupation
LEBOEUF, LAMB, GREENE & MACRAE ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11.572

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

250.00

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

26020422975

**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 / 232 |
| <input checked="" type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a |
| <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MRS. ELIZABETH A. MAHER | | Date of Receipt MM, DD, YYYY 04, 26, 2006 |
| Mailing Address 775 PARK AVENUE, 10C | | Transaction ID: SA11.575 |
| City NEW YORK | State NY | Zip Code 10021-4259 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2100.00 | |
| Name of Employer SELF-EMPLOYED | Occupation VOLUNTEER COORDINATOR | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2100.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MR. STEWART SHEPPARD MANGER | | Date of Receipt MM, DD, YYYY 06, 27, 2006 |
| Mailing Address 169 EAST 78TH STREET | | Transaction ID: SA11.848 |
| City NEW YORK | State NY | Zip Code 10021-0488 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer INFORMATION REQUESTED PER BEST EFFORTS | Occupation INFORMATION REQUESTED PER BEST EFFORTS | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. MS. CAROLL L. MAYO | | Date of Receipt MM, DD, YYYY 05, 22, 2006 |
| Mailing Address 443 N. SEA RECOX ROAD | | Transaction ID: SA11.772 |
| City SOUTHAMPTON | State NY | Zip Code 11968-2829 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer | Occupation RET. | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)1a-1) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 250.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2600.00 |
| TOTAL This Period (last page this line number only) | |

26020422976

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

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

FOR LINE NUMBER: PAGE 59 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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)

K T McFarland for Senate

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MR. GEORGE MCFARLAND | | Date of Receipt MM / DD / YYYY 05 / 15 / 2006 |
| Mailing Address 745 FIFTH AVENUE | | Transaction ID: SA11.631 |
| City NEW YORK | State NY | Zip Code 10151-0001 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer SELF-EMPLOYED | Occupation INVESTOR | CONTRIBUTION |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MR. DUNCAN M. MCFARLAND | | Date of Receipt MM / DD / YYYY 05 / 15 / 2006 |
| Mailing Address 299 CLAPBOARDTREE ROAD | | Transaction ID: SA11.644 |
| City WESTWOOD | State MA | Zip Code 02090-2907 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2100.00 | |
| Name of Employer | Occupation RETIRED | CONTRIBUTION |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 4200.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. MRS. HANNAH MCFARLAND | | Date of Receipt MM / DD / YYYY 05 / 15 / 2006 |
| Mailing Address 10 WEST STREET, #34G | | Transaction ID: SA11.705 |
| City NEW YORK | State NY | Zip Code 10004-3409 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer SELF-EMPLOYED | Occupation FUNDRAISER | CONTRIBUTION |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 4100.00 |
| TOTAL This Period (last page this line number only) | |

25020422977

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

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

FOR LINE NUMBER: PAGE 54 / 232

(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. LUKE MCFARLAND

Mailing Address 770 PARK AVENUE
APT. 6/7 B

City NEW YORK State NY Zip Code 10021

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

Name of Employer Occupation
STUDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 / 09 / 2006

Transaction ID: SA11.604

Amount of Each Receipt this Period
4200.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(441a-1))

B. Full Name (Last, First, Middle Initial)
MR. LUKE MCFARLAND

Mailing Address 770 PARK AVENUE
APT. 6/7 B

City NEW YORK State NY Zip Code 10021

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

Name of Employer Occupation
STUDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 / 09 / 2006

Transaction ID: SA11.604B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(441a-1))
[MEMO ITEM]
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. LUKE MCFARLAND

Mailing Address 770 PARK AVENUE
APT. 6/7 B

City NEW YORK State NY Zip Code 10021

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

Name of Employer Occupation
STUDENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
05 / 09 / 2006

Transaction ID: SA11.619

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(441a-1))
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶

4200.00

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

26020422978

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

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

FOR LINE NUMBER: PAGE 55 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. JOHN F. MCNIFF

Mailing Address 1105 PARK AVE

City State Zip Code
NEW YORK NY 10128-1200

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
06 / 07 / 2008

Transaction ID: SA11.27B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATION TO PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. JOHN F. MCNIFF

Mailing Address 1105 PARK AVE

City State Zip Code
NEW YORK NY 10128-1200

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
06 / 07 / 2008

Transaction ID: SA11.802

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

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

C. Full Name (Last, First, Middle Initial)
MRS. VERONICA MCNIFF

Mailing Address 1105 PARK AVENUE

City State Zip Code
NEW YORK NY 10128-1200

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
06 / 07 / 2008

Transaction ID: SA11.28B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

26020422979

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

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

FOR LINE NUMBER: PAGE 56 / 232

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | 15 |
| | 12 | | 13a | | 13b | | 14 | | |

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. MRS. VERONICA MCNIFF | | Date of Receipt MM / DD / YYYY 06 / 07 / 2006 | |
| Mailing Address 1105 PARK AVENUE | | Transaction ID: SA11.791 | |
| City NEW YORK | State NY | Zip Code 10128-1200 | Amount of Each Receipt this Period 2100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) [MEMO ITEM] REDESIGNATION FROM GENERAL | |
| Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation HOMEMAKER Election Cycle-to-Date 2100.00 | | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. MS. SUSAN MERCANDETTI | | Date of Receipt MM / DD / YYYY 06 / 09 / 2006 | |
| Mailing Address 3 EAST 84TH STREET | | Transaction ID: SA11.803 | |
| City NEW YORK | State NY | Zip Code 10028-0407 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) | |
| Name of Employer RANDOM HOUSE Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation EDITOR Election Cycle-to-Date 2000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. MRS. BETSY S. MICHEL | | Date of Receipt MM / DD / YYYY 06 / 01 / 2006 | |
| Mailing Address 15 ST. BERNARD'S ROAD PO BOX 719 | | Transaction ID: SA11.31B | |
| City GLADSTONE | State NJ | Zip Code 07034-0719 | Amount of Each Receipt this Period -1500.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) [MEMO ITEM] REDESIGNATION TO PRIMARY | |
| Name of Employer SELF EMPLOYED Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation HOMEMAKER Election Cycle-to-Date 2700.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | [] |

26020422980

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

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

FOR LINE NUMBER: PAGE 57 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. BETSY S. MICHEL

Mailing Address 15 ST. BERNARD'S ROAD
PO BOX 719

City Gladstone State NJ Zip Code 07924-0719

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

Name of Employer SELF EMPLOYED Occupation HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2700.00

Date of Receipt 08 / 01 / 2008

Transaction ID: SA11.792

Amount of Each Receipt this Period 1500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)(4)41a-1)

[MEMO ITEM]
REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. CALVERT SAUNDERS MOORE

Mailing Address 812 PARK AVENUE

City NEW YORK State NY Zip Code 10021-2758

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

Name of Employer Occupation HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2008

Transaction ID: SA11.789

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MR. RODMAN W. MOORHEAD, III

Mailing Address 53 EAST 66TH STREET

City NEW YORK State NY Zip Code 10021-6148

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

Name of Employer WARBURG PINCUS, L.L.C. Occupation INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6100.00

Date of Receipt 08 / 30 / 2008

Transaction ID: SA11.891

Amount of Each Receipt this Period 4000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(l)(4)41a-1)

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

SUBTOTAL of Receipts This Page (optional) 5000.00

TOTAL This Period (last page this line number only)

25020422981

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

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

FOR LINE NUMBER: PAGE 58 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. EDWARD PAUL MORTIMER

Mailing Address B1D W. LYON FARM

City State Zip Code
GREENWICH CT 06831-4369

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

Name of Employer Occupation
WORLD MINING ASSET MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2008

Transaction ID: SA11.643

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MR. JOHN E. NATHAN

Mailing Address 1175 PARK AVENUE

City State Zip Code
NEW YORK NY 10128-1211

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

Name of Employer Occupation
FISH & YEAVE PATENT ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: SA11.582

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MRS. NANCY G. PADUANO

Mailing Address 19 E. 72ND STREET
APARTMENT 11A

City State Zip Code
NEW YORK NY 10021-4145

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11.789

Amount of Each Receipt this Period
4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

5700.00

TOTAL This Period (last page this line number only)

26020422982

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

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

FOR LINE NUMBER: PAGE 59 / 232

(check only one)

1a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. NANCY C. PADUANO

Mailing Address 19 E. 72ND STREET
APARTMENT 11A

City NEW YORK State NY Zip Code 10021-4145

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt MM / DD / YYYY
05 / 30 / 2006

Transaction ID: SA11.788B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
Based Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
MRS. NANCY C. PADUANO

Mailing Address 19 E. 72ND STREET
APARTMENT 11A

City NEW YORK State NY Zip Code 10021-4145

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt MM / DD / YYYY
05 / 30 / 2006

Transaction ID: SA11.815

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
Based Due to Opponent's
 Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
MS. CHARLOTTE B. PARKINSON

Mailing Address 150 EAST 77TH STREET

City NEW YORK State NY Zip Code 10021-1922

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 MM / DD / YYYY
04 / 28 / 2006

Transaction ID: SA11.576

Amount of Each Receipt this Period
250.00

CONTRIBUTION
 Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

250.00

26020422983

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

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

FOR LINE NUMBER: PAGE 60 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. NORMAN LLOYD PECK

Mailing Address 31 EAST 79TH STREET

City State Zip Code
NEW YORK NY 10021-0101

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

Name of Employer Occupation
THE PETER JAY SHARP FOUNDATION REAL ESTATE; FOUNDATION PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2008

Transaction ID: SA11.602

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

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

B. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH PECK

Mailing Address 895 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-0327

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

Name of Employer Occupation
FREE LANCE JOURNALIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.37B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

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

[MEMO ITEM]
REDESIGNATION TO PRIMARY

C. Full Name (Last, First, Middle Initial)
MRS. ELIZABETH PECK

Mailing Address 895 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-0327

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

Name of Employer Occupation
FREE LANCE JOURNALIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.650

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

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

[MEMO ITEM]
REDESIGNATION FROM GENERAL

SUBTOTAL of Receipts This Page (optional) ▶ 2100.00

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

26020422984

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

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

FOR LINE NUMBER: PAGE 61 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY PEEK

Mailing Address 895 PARK AVENUE

City NEW YORK State NY Zip Code 10021-0327

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

Name of Employer CIT CORPORATION Occupation EXECUTIVE DIRECTOR & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.38B

Amount of Each Receipt this Period -2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)
[MEMO ITEM]
REDESIGNATION TO PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY PEEK

Mailing Address 895 PARK AVENUE

City NEW YORK State NY Zip Code 10021-0327

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

Name of Employer CIT CORPORATION Occupation EXECUTIVE DIRECTOR & CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.649

Amount of Each Receipt this Period 2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)
[MEMO ITEM]
REDESIGNATION FROM GENERAL

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH R. PERELLA

Mailing Address 998 FIFTH AVENUE

City NEW YORK State NY Zip Code 10028-0102

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt MM / DD / YYYY
05 / 12 / 2006

Transaction ID: SA11.617

Amount of Each Receipt this Period 2100.00

CONTRIBUTION

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

SUBTOTAL of Receipts This Page (optional) 2100.00

TOTAL This Period (last page this line number only)

2602042298

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MS. SANDRA G. PERSHING

Mailing Address 3 E. 77TH STREET
APARTMENT 7A

City NEW YORK State NY Zip Code 10021-1710

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

Date of Receipt MM / DD / YYYY
05 / 08 / 2006

Transaction ID: SA11.609

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Information Requested Per Best Efforts Based Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) **1000.00**

B. Full Name (Last, First, Middle Initial)
MR. SAMUEL FRAZIER PRYOR, III

Mailing Address 450 LEXINGTON AVENUE
C/O DAVIS POLK & WARDWELL

City NEW YORK State NY Zip Code 10017-3900

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

Date of Receipt MM / DD / YYYY
04 / 28 / 2006

Transaction ID: SA11.658

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Information Requested Per Best Efforts Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

Name of Employer DAVIS, POLK & WARDWELL Occupation ATTORNEY

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) **4200.00**

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL FRAZIER PRYOR, III

Mailing Address 450 LEXINGTON AVENUE
C/O DAVIS POLK & WARDWELL

City NEW YORK State NY Zip Code 10017-3900

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

Date of Receipt MM / DD / YYYY
04 / 28 / 2006

Transaction ID: SA11.659B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Information Requested Per Best Efforts Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

Name of Employer DAVIS, POLK & WARDWELL Occupation ATTORNEY

Receipt For: 2006 Election Cycle-to-Date
 Primary General
 Other (specify) **4200.00**

**(MEMO ITEM)
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3100.00

26020422986

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63/232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. SAMUEL FRAZIER PRYOR, III

Mailing Address 450 LEXINGTON AVENUE
C/O DAVIS POLK & WARDWELL

City State Zip Code
NEW YORK NY 10017-3900

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

Name of Employer
DAVIS, POLK & WARDWELL

Occupation
ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

MM / DD / YYYY
04 / 26 / 2008

Transaction ID: SA11.902

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

B. MR. R. JOHN PUNNETT

Mailing Address 129A EAST 74TH STREET

City State Zip Code
NEW YORK NY 10021-3201

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

Name of Employer
SELF-EMPLOYED

Occupation
REAL ESTATE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

MM / DD / YYYY
04 / 26 / 2008

Transaction ID: SA11.675

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. MRS. CLARA RANKIN

Mailing Address 3151 RIVER ROAD

City State Zip Code
CHAGRIN FALLS OH 44022-8807

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

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

MM / DD / YYYY
05 / 09 / 2008

Transaction ID: SA11.608

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MS JOSEPHINE ROBERTSON

Mailing Address 150 CENTRAL PARK SOUTH

City State Zip Code
NEW YORK NY 10019-1568

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.45B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
REDESIGNATION TO PRIMARY

B. Full Name (Last, First, Middle Initial)
MS JOSEPHINE ROBERTSON

Mailing Address 150 CENTRAL PARK SOUTH

City State Zip Code
NEW YORK NY 10019-1568

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.790

Amount of Each Receipt this Period
2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
REDESIGNATION FROM GENERAL

C. Full Name (Last, First, Middle Initial)
MR JULIAN H. ROBERTSON, JR.

Mailing Address 101 PARK AVENUE
48TH FLOOR

City State Zip Code
NEW YORK NY 10178-0001

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

Name of Employer Occupation
TIGER MANAGEMENT INVESTMENT MANAGER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.46B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. JULIAN H. ROBERTSON, JR.
 Mailing Address 101 PARK AVENUE
48TH FLOOR
 City NEW YORK State NY Zip Code 10178-0001
 FEC ID number of contributing federal political committee. C
 Name of Employer TIGER MANAGEMENT Occupation INVESTMENT MANAGER
 Receipt For: 2006
 Primary General
 Other (specify)
 Election Cycle-to-Date 2100.00
 Date of Receipt 05 / 22 / 2006
 Transaction ID: SA11.654
 Amount of Each Receipt this Period 2100.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
(MEMO ITEM)
 REDESIGNATION FROM GENERAL

B. Full Name (Last, First, Middle Initial)
MR. THEODORE O. ROGERS, JR.
 Mailing Address 125 BROAD ST
 City NEW YORK State NY Zip Code 10004-2400
 FEC ID number of contributing federal political committee. C
 Name of Employer SULLIVAN & CROMWELL LLP Occupation ATTORNEY AT LAW
 Receipt For: 2006
 Primary General
 Other (specify)
 Election Cycle-to-Date 1200.00
 Date of Receipt 04 / 26 / 2006
 Transaction ID: SA11.794
 Amount of Each Receipt this Period -2100.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
(MEMO ITEM)
 REFUND

C. Full Name (Last, First, Middle Initial)
MR. THEODORE O. ROGERS, JR.
 Mailing Address 125 BROAD ST
 City NEW YORK State NY Zip Code 10004-2400
 FEC ID number of contributing federal political committee. C
 Name of Employer SULLIVAN & CROMWELL LLP Occupation ATTORNEY AT LAW
 Receipt For: 2006
 Primary General
 Other (specify)
 Election Cycle-to-Date 1200.00
 Date of Receipt 04 / 26 / 2006
 Transaction ID: SA11.795
 Amount of Each Receipt this Period -900.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a)-1)
(MEMO ITEM)
 REFUND

SUBTOTAL of Receipts This Page (optional) 0.00
TOTAL This Period (last page this line number only)

25020427989

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. STEVEN ROTH

Mailing Address 770 PARK AVE
APT 17A

City NEW YORK State NY Zip Code 10021-4163

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

Name of Employer VORNADO REALTY TRUST Occupation CHAIRMAN

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 0.00

Date of Receipt 04 / 26 / 2006
 Transaction ID: SA11.745
 Amount of Each Receipt this Period -2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
[MEMO ITEM]
 REFUND

B. Full Name (Last, First, Middle Initial)
MRS. DIANE P. ROWEN

Mailing Address 105 BERKSHIRE ROAD

City ROCKVILLE CENTRE State NY Zip Code 11570-1600

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

Name of Employer FELDSTONERIDGE PROPERTIES, LLC Occupation MANAGING MEMBER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 06 / 27 / 2006
 Transaction ID: SA11.854
 Amount of Each Receipt this Period 4200.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MRS. DIANE P. ROWEN

Mailing Address 105 BERKSHIRE ROAD

City ROCKVILLE CENTRE State NY Zip Code 11570-1600

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

Name of Employer FELDSTONERIDGE PROPERTIES, LLC Occupation MANAGING MEMBER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 06 / 27 / 2006
 Transaction ID: SA11.854B
 Amount of Each Receipt this Period -2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
[MEMO ITEM]
 REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

4200.00

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

25020422990

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 67 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MRS. DIANE P. ROWEN

Mailing Address 105 BERKSHIRE ROAD

City State Zip Code
ROCKVILLE CENTRE NY 11570-1600

FEC ID number of contributing federal political committee. C

Name of Employer
FELDSTONERIDGE PROPERTIES, LLC

Occupation
MANAGING MEMBER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2006

Transaction ID: SA11.894

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
[MEMO ITEM]

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

B. MR. JAMES S. ROWEN

Mailing Address 105 BERKSHIRE ROAD

City State Zip Code
ROCKVILLE CENTRE NY 11570-1600

FEC ID number of contributing federal political committee. C

Name of Employer
S.A.C. CAPITAL

Occupation
C.F.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2006

Transaction ID: SA11.855

Amount of Each Receipt this Period

4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial)

C. MR. JAMES S. ROWEN

Mailing Address 105 BERKSHIRE ROAD

City State Zip Code
ROCKVILLE CENTRE NY 11570-1600

FEC ID number of contributing federal political committee. C

Name of Employer
S.A.C. CAPITAL

Occupation
C.F.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2006

Transaction ID: SA11.855B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
[MEMO ITEM]

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

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

4200.00

26020422991

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. JAMES S. ROWEN

Mailing Address 105 BERKSHIRE ROAD

City State Zip Code
ROCKVILLE CENTRE NY 11570-1800

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

Name of Employer Occupation
S.A.C. CAPITAL C.F.O.

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2006

Transaction ID: SA11.896

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(1)/441a-1)
[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. WINTHROP RUTHERFORD, JR.

Mailing Address 1115 FIFTH AVENUE

City State Zip Code
NEW YORK NY 10128-0100

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

Name of Employer Occupation
WHITE & CASE ATTORNEY

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11.899

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
MR. LUTHER F. SADLER, JR.

Mailing Address 4939 APACHE AVENUE

City State Zip Code
JACKSONVILLE FL 32210-8333

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
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.778

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) 2250.00

TOTAL This Period (last page this line number only)

26020422992

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. MARK H. SAYERS

Mailing Address 5 E. 59TH STREET
6TH FLOOR

City NEW YORK State NY Zip Code 10022-1027

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.757

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

B. Full Name (Last, First, Middle Initial)
MR. DAVID T. SCHIFF

Mailing Address 770 PARK AVENUE
#16B

City NEW YORK State NY Zip Code 10021-4153

FEC ID number of contributing federal political committee. C

Name of Employer KUHN, LOEB & COMPANY
Occupation INVESTMENT BANKER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt MM / DD / YYYY
06 / 28 / 2006

Transaction ID: SA11.869

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

C. Full Name (Last, First, Middle Initial)
MS. GLORIA SCHIFF

Mailing Address 550 PARK AVENUE

City NEW YORK State NY Zip Code 10021-7359

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 ▼

Date of Receipt MM / DD / YYYY
05 / 09 / 2006

Transaction ID: SA11.611

Amount of Each Receipt this Period
250.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

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

26020422993

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

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

FOR LINE NUMBER: PAGE 70 / 232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. ANNE MARIE SCHNEIDER

Mailing Address 737 PARK AVENUE
APARTMENT 5A

City NEW YORK State NY Zip Code 10021-4266

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

Name of Employer Occupation
HOMEMAKER

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.750

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
MR. STEVEN G. SCHNEIDER

Mailing Address 737 PARK AVENUE

City NEW YORK State NY Zip Code 10021-4266

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

Name of Employer Occupation
E.M. WARBURG, PINCUS & CO-
MPANY, INC. PRIVATE EQUITY INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.751

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MR. PETER SCOTIENE

Mailing Address 880 UNITED NATIONS PLAZA
APARTMENT 10F

City NEW YORK State NY Zip Code 10017-1816

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

Name of Employer Occupation
RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2006

Transaction ID: SA11.598

Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

6300.00

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

26020422994

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

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

FOR LINE NUMBER: PAGE 71 / 232

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. MR. ANDREW SEGAL
 Full Name (Last, First, Middle Initial)
 Mailing Address: 2650 FOUNTAINVIEW, # 400
 APT 400
 City: HOUSTON State: TX Zip Code: 77057-7581
 Date of Receipt: 04 / 25 / 2006
 Transaction ID: SA11.680
 Amount of Each Receipt this Period: 500.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: BOXER PROPERTY Occupation: INVESTOR
 Receipt For: 2006
 Primary General
 Other (specify)
 Election Cycle-to-Date: 500.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. DR. DENNIS SHANELEC
 Full Name (Last, First, Middle Initial)
 Mailing Address: 1515 STATE STREET #1
 City: SANTA BARBARA State: CA Zip Code: 93101-2536
 Date of Receipt: 05 / 09 / 2006
 Transaction ID: SA11.605
 Amount of Each Receipt this Period: 500.00
 FEC ID number of contributing federal political committee: C
 Name of Employer: SELF-EMPLOYED Occupation: PERIODONTIST
 Receipt For: 2006
 Primary General
 Other (specify)
 Election Cycle-to-Date: 500.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. MRS. MARY GUENTHER SHELDON
 Full Name (Last, First, Middle Initial)
 Mailing Address: 71 OLD TAPPAN ROAD
 City: LATTINGTOWN State: NY Zip Code: 11560-1312
 Date of Receipt: 05 / 08 / 2006
 Transaction ID: SA11.580
 Amount of Each Receipt this Period: 1000.00
 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: 1000.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

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

25020422995

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

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

FOR LINE NUMBER: PAGE 72 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

KT McFarland for Senate

A. Full Name (Last, First, Middle Initial)
SYDNEY SHUMAN

Mailing Address 25 SUTTON PLACE

City State Zip Code
NEW YORK NY 10022-2453

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 ▼
1000.00

Date of Receipt
04 / 26 / 2006

Transaction ID: SA11.673

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MR. CLINTON SMULLYAN

Mailing Address 31 EAST 79TH STREET
APT 8E

City State Zip Code
NEW YORK NY 10021-0101

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

Name of Employer Occupation
MOSBACHER PROPERTIES EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
05 / 11 / 2006

Transaction ID: SA11.702

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MR. CLINTON SMULLYAN

Mailing Address 31 EAST 79TH STREET
APT 8E

City State Zip Code
NEW YORK NY 10021-0101

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

Name of Employer Occupation
MOSBACHER PROPERTIES EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
05 / 11 / 2006

Transaction ID: SA11.702B

Amount of Each Receipt this Period
-900.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))
(MEMO ITEM)
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

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

2000.00

26020422996

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

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

FOR LINE NUMBER: PAGE 73 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. CLINTON SMULLYAN

Mailing Address 31 EAST 79TH STREET
APT 8E

City State Zip Code
NEW YORK NY 10021-0101

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

Name of Employer Occupation
MOEBACHER PROPERTIES EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2006

Transaction ID: SA11.824

Amount of Each Receipt this Period
900.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
(MEMO ITEM)
 REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MR. CLINTON SMULLYAN

Mailing Address 31 EAST 79TH STREET
APT 8E

City State Zip Code
NEW YORK NY 10021-0101

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

Name of Employer Occupation
MOEBACHER PROPERTIES EXECUTIVE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2006

Transaction ID: SA11.703

Amount of Each Receipt this Period
1000.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MS. DOROTHY SPRAGUE

Mailing Address 770 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-4153

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 ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2006

Transaction ID: SA11.52B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)
(MEMO ITEM)
 REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

26020422997

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

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

FOR LINE NUMBER: PAGE 74 / 232

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 11d | <input type="checkbox"/> | 15 |
| | 12 | | 13a | | 13b | | 14 | | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. MS. DOROTHY SPRAGUE | | Date of Receipt 05 / 22 / 2008 | |
| Mailing Address 770 PARK AVENUE | | Transaction ID: SA11.647 | |
| City NEW YORK | State NY | Zip Code 10021-4153 | Amount of Each Receipt this Period 2100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation HOMEMAKER Election Cycle-to-Date 4200.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) (MEMO ITEM) REDESIGNATION FROM GENERAL | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. MS. DOROTHY SPRAGUE | | Date of Receipt 06 / 27 / 2008 | |
| Mailing Address 770 PARK AVENUE | | Transaction ID: SA11.852 | |
| City NEW YORK | State NY | Zip Code 10021-4153 | Amount of Each Receipt this Period 2100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation HOMEMAKER Election Cycle-to-Date 4200.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. MS. DOROTHY SPRAGUE | | Date of Receipt 06 / 27 / 2008 | |
| Mailing Address 770 PARK AVENUE | | Transaction ID: SA11.852B | |
| City NEW YORK | State NY | Zip Code 10021-4153 | Amount of Each Receipt this Period -2100.00 |
| FEC ID number of contributing federal political committee. C | | CONTRIBUTION | |
| Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Occupation HOMEMAKER Election Cycle-to-Date 4200.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1)) (MEMO ITEM) REDESIGNATION TO GENERAL | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 2100.00 |
| TOTAL This Period (last page this line number only) | 2100.00 |

25020422998

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

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

FOR LINE NUMBER: PAGE 75 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MS. DOROTHY SPRAGUE

Mailing Address 770 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10021-4153

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11.903

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

(MEMO ITEM)

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

B. MR. JOHN A. SPRAGUE

Mailing Address 770 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10021-4153

FEC ID number of contributing federal political committee.

C

Name of Employer
JUPITER PARTNERS L.P.

Occupation

INVESTMENT MANAGER

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

MM / DD / YYYY
05 / 23 / 2008

Transaction ID: SA11.53B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

(MEMO ITEM)

REDESIGNATION TO PRIMARY

Full Name (Last, First, Middle Initial)

C. MR. JOHN A. SPRAGUE

Mailing Address 770 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10021-4153

FEC ID number of contributing federal political committee.

C

Name of Employer
JUPITER PARTNERS L.P.

Occupation

INVESTMENT MANAGER

Receipt For: 2008

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

MM / DD / YYYY
05 / 23 / 2008

Transaction ID: SA11.763

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

(MEMO ITEM)

REDESIGNATION FROM GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

26020422999

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. JOHN A. SPRAGUE

Mailing Address 770 PARK AVENUE

City NEW YORK State NY Zip Code 10021-4153

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

Name of Employer JUPITER PARTNERS L.P. Occupation INVESTMENT MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 08 / 27 / 2008

Transaction ID: SA11.853

Amount of Each Receipt this Period 2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
MR. JOHN A. SPRAGUE

Mailing Address 770 PARK AVENUE

City NEW YORK State NY Zip Code 10021-4153

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

Name of Employer JUPITER PARTNERS L.P. Occupation INVESTMENT MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 08 / 27 / 2008

Transaction ID: SA11.853B

Amount of Each Receipt this Period -2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

(MEMO ITEM)
REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
MR. JOHN A. SPRAGUE

Mailing Address 770 PARK AVENUE

City NEW YORK State NY Zip Code 10021-4153

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

Name of Employer JUPITER PARTNERS L.P. Occupation INVESTMENT MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 08 / 27 / 2008

Transaction ID: SA11.804

Amount of Each Receipt this Period 2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)41a-1)

(MEMO ITEM)
REDESIGNATION FROM PRIMARY

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

2602042300

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

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

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(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MS. KATHLEEN ELIZABETH SPRINGHOM

Mailing Address 7 PARK AVENUE
#2A

City State Zip Code
NEW YORK NY 10016-4350

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
08 / 13 / 2008

Transaction ID: SA11.637

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
MR. CHARLES P. STEVENSON, JR.

Mailing Address P.O. BOX 402
309 SOUTH MAIN STREET

City State Zip Code
SOUTHAMPTON NY 11969-0402

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

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.749

Amount of Each Receipt this Period
4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MR. CHARLES P. STEVENSON, JR.

Mailing Address P.O. BOX 402
309 SOUTH MAIN STREET

City State Zip Code
SOUTHAMPTON NY 11969-0402

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

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11.749B

Amount of Each Receipt this Period
-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)41a-1)

(MEMO ITEM)
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

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

5200.00

26020423001

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

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

FOR LINE NUMBER: PAGE 78 / 232

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (in Full)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MR. CHARLES P. STEVENSON, JR.

Mailing Address P.O. BOX 402
309 SOUTH MAIN STREET

City State Zip Code
SOUTHAMPTON NY 11988-0402

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

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date **4200.00**

Date of Receipt
05 / 22 / 2006

Transaction ID: SA11.826
Amount of Each Receipt this Period
2100.00

CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a)(441a-1)
(MEMO ITEM)
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. JENNIFER B. STOCKMAN

Mailing Address 105 CONYERS FARM DR

City State Zip Code
GREENWICH CT 06831-2758

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

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

Date of Receipt
04 / 26 / 2006

Transaction ID: SA11.580
Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
MR. DAVID K. STORRS

Mailing Address 65 S. GATE LANE

City State Zip Code
SOUTHPORT CT 06880-1424

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

Name of Employer Occupation
ALTERNATIVE INVESTMENT GR- OUP INVESTMENTS

Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date **250.00**

Date of Receipt
06 / 30 / 2006

Transaction ID: SA11.876
Amount of Each Receipt this Period
250.00

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

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

TOTAL This Period (last page this line number only)

26020423002

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MS. CANDACE STRAIGHT

Mailing Address 518 E. PASSAIC AVENUE

City State Zip Code
BLOOMFIELD NJ 07003-5315

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED INVESTMENT BANKER

Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date 2100.00

Date of Receipt

05 / 22 / 2006

Transaction ID: SA11.767

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

Full Name (Last, First, Middle Initial)

B. MRS. MARGARET D. SULLIVAN

Mailing Address 812 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-2759

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

05 / 15 / 2006

Transaction ID: SA11.620

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. MR. R. PETER SULLIVAN

Mailing Address 812 PARK AVENUE

City State Zip Code
NEW YORK NY 10021-2759

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RET.

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

Date of Receipt

05 / 15 / 2006

Transaction ID: SA11.621

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

25020423003

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

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

FOR LINE NUMBER: PAGE 80 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MRS. MARY C. TYDINGS

Mailing Address 7872 RATCLFF MANN ROAD

City State Zip Code
EASTON MD 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 ▼
0.00

Date of Receipt

MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11.740

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

(MEMO ITEM)

REFUND

Full Name (Last, First, Middle Initial)

B. MRS. MARY C. TYDINGS

Mailing Address 7872 RATCLFF MANN ROAD

City State Zip Code
EASTON MD 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 ▼
0.00

Date of Receipt

MM / DD / YYYY
04 / 26 / 2006

Transaction ID: SA11.741

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

(MEMO ITEM)

REFUND

Full Name (Last, First, Middle Initial)

C. MRS. MARGARET C. UGHETTA

Mailing Address 55 EAST 72ND STREET

City State Zip Code
NEW YORK NY 10021-4149

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
05 / 22 / 2006

Transaction ID: SA11.58B

Amount of Each Receipt this Period

-2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

(MEMO ITEM)

REDESIGNATION TO PRIMARY

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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 81 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MRS. MARGARET C. UGHETTA

Mailing Address 55 EAST 72ND STREET

City

NEW YORK

State

NY

Zip Code

10021-4148

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
05 / 22 / 2006

Transaction ID: SA11.655

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

[MEMO ITEM]

REDESIGNATION FROM GENERAL

Full Name (Last, First, Middle Initial)

B. MRS. ALSA M. URWIN

Mailing Address 15 E. 80TH STREET

City

NEW YORK

State

NY

Zip Code

10021-0109

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

2006

Primary

General

Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2006

Transaction ID: SA11.638

Amount of Each Receipt this Period

2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. MR. PAUL J. VAN DER GRIFT

Mailing Address 1300 N. OCEAN WAY

City

PALM BEACH

State

FL

Zip Code

33480-3131

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

MM / DD / YYYY
06 / 05 / 2006

Transaction ID: SA11.796

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

26020423005

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

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

FOR LINE NUMBER: PAGE 82 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA KING VANCE

Mailing Address 136 E. 79TH STREET
APARTMENT 12A

City NEW YORK State NY Zip Code 10021-0328

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 15 / 2006
Transaction ID: SA11.635
Amount of Each Receipt this Period 4200.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

B. Full Name (Last, First, Middle Initial)
MRS. CYNTHIA KING VANCE

Mailing Address 136 E. 79TH STREET
APARTMENT 12A

City NEW YORK State NY Zip Code 10021-0328

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 17 / 2006
Transaction ID: SA11.635B
Amount of Each Receipt this Period -2100.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
 REATTRIBUTED

C. Full Name (Last, First, Middle Initial)
MR. LEE G. VANCE

Mailing Address 136 E. 79TH STREET
APARTMENT 12A

City NEW YORK State NY Zip Code 10021-0328

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 17 / 2006
Transaction ID: SA11.636
Amount of Each Receipt this Period 2100.00
CONTRIBUTION
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
(MEMO ITEM)
 REATTRIBUTED

SUBTOTAL of Receipts This Page (optional) 4200.00

TOTAL This Period (last page this line number only)

26020423006

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

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

FOR LINE NUMBER: PAGE 83 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
ANTHONY VARDA

Mailing Address 2 E. MIFFLIN ST.

City MADISON State WI Zip Code 53703-2889

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

Name of Employer DEWITT, ROSS, STEVENS, S.-C.
Occupation ATTORNEY

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2008

Transaction ID: SA11.661

Amount of Each Receipt this Period 500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

B. Full Name (Last, First, Middle Initial)
MS JOANN B. WALKER

Mailing Address 730 PARK AVENUE
APT. 19C-PH

City NEW YORK State NY Zip Code 10021-4945

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

Name of Employer MOGAVERO, LEE & CO.
Occupation VICE PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 06 / 09 / 2008

Transaction ID: SA11.605

Amount of Each Receipt this Period 4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

C. Full Name (Last, First, Middle Initial)
MS JOANN B. WALKER

Mailing Address 730 PARK AVENUE
APT. 19C-PH

City NEW YORK State NY Zip Code 10021-4945

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

Name of Employer MOGAVERO, LEE & CO.
Occupation VICE PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 06 / 09 / 2008

Transaction ID: SA11.805B

Amount of Each Receipt this Period -2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

(MEMO ITEM)
REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional) ▶

4700.00

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

25020423007

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

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

FOR LINE NUMBER: PAGE 84 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

KT McFarland for Senate

A. Full Name (Last, First, Middle Initial)
MS. JOANN B. WALKER

Mailing Address 730 PARK AVENUE
APT. 19C-PH

City NEW YORK State NY Zip Code 10021-4945

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

Name of Employer MOGAVERO, LEE & CO. Occupation VICE PRESIDENT

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt 05 / 08 / 2008

Transaction ID: SA11.817

Amount of Each Receipt this Period 2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
MRS. NANCY WEIDNER

Mailing Address 30 SUTTON PLACE
APARTMENT 5A

City NEW YORK State NY Zip Code 10022-2365

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2008

Transaction ID: SA11.886

Amount of Each Receipt this Period 500.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

C. Full Name (Last, First, Middle Initial)
MR. CHARLES SEYMOUR WHITMAN, III

Mailing Address 450 LEXINGTON AVENUE
FLOOR 11

City NEW YORK State NY Zip Code 10017-3919

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

Name of Employer Occupation RETIRED

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 05 / 18 / 2008

Transaction ID: SA11.640

Amount of Each Receipt this Period 2100.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2600.00

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

26020423008

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

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

FOR LINE NUMBER: PAGE 85 / 232

(check only one)
 11a 11b 11c 11d
 12 12a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. FREDERICK B. WHITTEMORE

Mailing Address 1221 AVENUE OF THE AMERICAS
MORGAN STANLEY - 30TH FL.

City State Zip Code
NEW YORK NY 10020

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
FINANCIER, PHILANTHROPIST

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4200.00

Date of Receipt

MM / DD / YYYY
05 / 03 / 2008

Transaction ID: SA11.597

Amount of Each Receipt this Period

4200.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

REATTRIBUTION / REDESIGNATION REQUESTED (AUTOMATIC)

Full Name (Last, First, Middle Initial)

B. MR. BRUCE G. WILCOX

Mailing Address 1114 AVENUE OF THE AMERICAS

City State Zip Code
NEW YORK NY 10036-7701

FEC ID number of contributing federal political committee.

C

Name of Employer
CUMBERLAND ASSOCIATES

Occupation
INVESTOR

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
05 / 30 / 2008

Transaction ID: SA11.880

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

Full Name (Last, First, Middle Initial)

C. MRS. JANE P. WITTMANN

Mailing Address 95 WHITTREDGE ROAD

City State Zip Code
SUMMIT NJ 07901-2708

FEC ID number of contributing federal political committee.

C

Name of Employer
BURGDORFF ERA REALTORS

Occupation
SALES ASSOCIATE

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
05 / 12 / 2008

Transaction ID: SA11.615

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) ▶

5500.00

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 88 / 232

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. BLUE ALTERNATIVE ASSET MANAGEMENT, LLC

Mailing Address 420 LEXINGTON AVENUE
SUITE 2650

City State Zip Code
NEW YORK NY 10170-0001

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

MM / DD / YYYY
06 / 09 / 2006

Transaction ID: SA11.808

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

B. MR. PETER GETZ

Mailing Address 49 GRAHAMPTON LANE

City State Zip Code
GREENWICH CT 06830-3861

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

Name of Employer Occupation
BLUE LIMITED - BLUE ALTERNATIVE ASSET MANAGER

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2006

Transaction ID: SA11.968

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

C. MR. MARK R. GRAHAM

Mailing Address 420 LEXINGTON AVENUE
ROOM 2650

City State Zip Code
NEW YORK NY 10170-2696

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

Name of Employer Occupation
BLUE ALTERNATIVE ASSET MANAGEMENT MANAGING MEMBER-ASSET MANAGEMENT

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2006

Transaction ID: SA11.969

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

(MEMO ITEM)

SUBTOTAL of Receipts This Page (optional) ▶

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

2000.00

212000.00

26020423010

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

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

FOR LINE NUMBER: PAGE 87 / 232
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. K T MCFARLAND FOR CONGRESS | | Date of Receipt MM / DD / YYYY 05 / 15 / 2006 |
| Mailing Address 954 LEXINGTON AVENUE BOX 135 | | Transaction ID: SA12-2 |
| City NEW YORK | State NY | Zip Code 10021 |
| FEC ID number of contributing federal political committee C C00415620 | Amount of Each Receipt this Period 27058.71 | |
| Name of Employer | Occupation | TRANSFER OF FUNDS <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1)) |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ◆ | Election Cycle-to-Date ▼ 427058.71 | |
| Memo names previously provided with First Quarter report. | | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional) | 27058.71 |
| TOTAL This Period (last page this line number only) | 27058.71 |

26020425011

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

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

FOR LINE NUMBER: PAGE 88 / 232

(check only one)

| | | | |
|------------------------------|---|------------------------------|------------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12 | <input checked="" 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)

K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
KATHLEEN T MCFARLAND

Residential Address 954 LEXINGTON AVENUE
BOX 135

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A US SENATE CANDIDATE

Receipt For: 2006
 Primary General
 Other (specify)
Election Cycle-to-Date 100000.00

Date of Receipt

MM / DD / YYYY
06 / 29 / 2006

Transaction ID: SA13A-1

Amount of Each Receipt this Period

100000.00

LOAN FROM PERSONAL FUNDS

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

SUBTOTAL of Receipts This Page (optional) ▶

100000.00

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

100000.00

26020423012

**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 89 / 232

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. MR. ROBERT P. ASTORINO

Full Name (Last, First, Middle Initial)
MR. ROBERT P. ASTORINO

Transaction ID: SB.100
Date of Disbursement
05 / 24 / 2006

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement TRAVEL/FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
318.12

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

B. MR. ROBERT P. ASTORINO

Full Name (Last, First, Middle Initial)
MR. ROBERT P. ASTORINO

Transaction ID: SB.44
Date of Disbursement
04 / 24 / 2006

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement PAYROLL

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
6988.52

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

C. MR. ROBERT P. ASTORINO

Full Name (Last, First, Middle Initial)
MR. ROBERT P. ASTORINO

Transaction ID: SB.50
Date of Disbursement
05 / 10 / 2006

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement PAYROLL

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
5288.55

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

SUBTOTAL of Disbursements This Page (optional) 12593.19

TOTAL This Period (last page this line number only)

20020423013

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. ROBERT P. ASTORINO

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.53

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

5288.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

B. MR. ROBERT P. ASTORINO

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.58

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

5288.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

C. MR. ROBERT P. ASTORINO

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
TRAVEL/FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.98

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

281.81

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional)

10858.91

TOTAL This Period (last page this line number only)

26020423014

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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20b 19a
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21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MR. JASON COHEN

Mailing Address 31 CARMAN AVE

City CEDARHURST State NY Zip Code 11516

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.95

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

147.50

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

Full Name (Last, First, Middle Initial)

B. SUECIRIN COLON

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
OFFICE SUPPLIES/TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.43

Date of Disbursement

05 / 10 / 2008

Amount of Each Disbursement this Period

274.29

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

Full Name (Last, First, Middle Initial)

C. SUECIRIN COLON

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.45

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

1688.83

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

SUBTOTAL of Disbursements This Page (optional)

2110.62

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. SUECIRIN COLON

Full Name (Last, First, Middle Initial)
SUECIRIN COLON

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.51
Date of Disbursement
05 / 10 / 2006

Amount of Each Disbursement this Period
605.11

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

B. SUECIRIN COLON

Full Name (Last, First, Middle Initial)
SUECIRIN COLON

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.54
Date of Disbursement
05 / 18 / 2006

Amount of Each Disbursement this Period
1384.32

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

C. SUECIRIN COLON

Full Name (Last, First, Middle Initial)
SUECIRIN COLON

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.59
Date of Disbursement
06 / 06 / 2006

Amount of Each Disbursement this Period
1384.32

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

SUBTOTAL of Disbursements This Page (optional) 3373.75

TOTAL This Period (last page this line number only)

26020423016

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. SUECIRIN COLON

Full Name (Last, First, Middle Initial)
SUECIRIN COLON

Transaction ID: SB.61
Date of Disbursement
06 / 23 / 2006

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Amount of Each Disbursement this Period
1384.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/Type

B. SUECIRIN COLON

Full Name (Last, First, Middle Initial)
SUECIRIN COLON

Transaction ID: SB.67
Date of Disbursement
05 / 24 / 2006

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PRINTING

Candidate Name

Amount of Each Disbursement this Period
16.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/Type

C. SUECIRIN COLON

Full Name (Last, First, Middle Initial)
SUECIRIN COLON

Transaction ID: SB.97
Date of Disbursement
06 / 09 / 2006

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
TRAVEL

Candidate Name

Amount of Each Disbursement this Period
126.21

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/Type

SUBTOTAL of Disbursements This Page (optional) 1526.69

TOTAL This Period (last page this line number only)

26020423017

**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 94 / 232 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. MORGAN DOBBS | | Transaction ID: SB.10 Date of Disbursement 05 / 10 / 2008 | |
| Mailing Address 954 LEXINGTON AVENUE, BOX 135 | | Amount of Each Disbursement this Period 2990.76 | |
| 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 COMMUNICATIONS CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. MORGAN DOBBS | | Transaction ID: SB.13 Date of Disbursement 05 / 24 / 2008 | |
| Mailing Address 954 LEXINGTON AVENUE, BOX 135 | | Amount of Each Disbursement this Period 1419.35 | |
| 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 COMMUNICATIONS CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. MORGAN DOBBS | | Transaction ID: SB.14 Date of Disbursement 06 / 09 / 2008 | |
| Mailing Address 954 LEXINGTON AVENUE, BOX 135 | | Amount of Each Disbursement this Period 2296.47 | |
| 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 COMMUNICATIONS CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6706.58 |
| TOTAL This Period (last page this line number only) | |

20020423018

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. MR. DAVE GRUNNER

Full Name (Last, First, Middle Initial)
Mailing Address 10205 68TH AVENUE

City FOREST HILLS State NY Zip Code 11375

Purpose of Disbursement POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.84
Date of Disbursement 06 / 09 / 2006

Amount of Each Disbursement this Period 1543.09

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

Category/Type

B. MR. BART J. HAGGERTY

Full Name (Last, First, Middle Initial)
Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.46
Date of Disbursement 04 / 24 / 2006

Amount of Each Disbursement this Period 7825.75

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

Category/Type

C. MR. BART J. HAGGERTY

Full Name (Last, First, Middle Initial)
Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.48
Date of Disbursement 04 / 26 / 2006

Amount of Each Disbursement this Period 1113.29

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

Category/Type

SUBTOTAL of Disbursements This Page (optional) 10482.13

TOTAL This Period (last page this line number only)

26020423019

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. MR. BART J. HAGGERTY

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City State Zip Code
NEW YORK NY 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.52
Date of Disbursement

MM / DD / YYYY
05 / 10 / 2008

Amount of Each Disbursement this Period

2978.42

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

Full Name (Last, First, Middle Initial)
B. MR. BART J. HAGGERTY

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City State Zip Code
NEW YORK NY 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.55
Date of Disbursement

MM / DD / YYYY
05 / 18 / 2008

Amount of Each Disbursement this Period

2978.42

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

Full Name (Last, First, Middle Initial)
C. MR. BART J. HAGGERTY

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City State Zip Code
NEW YORK NY 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.57
Date of Disbursement

MM / DD / YYYY
06 / 06 / 2008

Amount of Each Disbursement this Period

2978.42

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

SUBTOTAL of Disbursements This Page (optional) ▶

8935.26

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

26020423020

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

| | | | |
|--|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) A. SHIRLEY KAPLAN | | Transaction ID: SB.35 Date of Disbursement MM / DD / YYYY 08 / 04 / 2006 | |
| Mailing Address 120 WALL STREET | | Amount of Each Disbursement This Period 1068.49 | |
| City NEW YORK | State NY | Zip Code 10005 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement INSURANCE PREMIUM | | Category/ Type | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|--|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) B. TAMAR KAPLAN | | Transaction ID: SB.47 Date of Disbursement MM / DD / YYYY 04 / 24 / 2006 | |
| Mailing Address 954 LEXINGTON AVENUE, BOX 135 | | Amount of Each Disbursement This Period 2000.00 | |
| 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 PAYROLL | | Category/ Type | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|--|-------------------------------------|---|---|
| Full Name (Last, First, Middle Initial) C. TAMAR KAPLAN | | Transaction ID: SB.49 Date of Disbursement MM / DD / YYYY 05 / 10 / 2006 | |
| Mailing Address 954 LEXINGTON AVENUE, BOX 135 | | Amount of Each Disbursement This Period 479.00 | |
| 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 PAYROLL | | Category/ Type | |
| Candidate Name | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | 3587.49 |
| TOTAL This Period (last page this line number only) | |

26020423021

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. TAMAR KAPLAN

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.56
Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

1924.00

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

Full Name (Last, First, Middle Initial)

B. TAMAR KAPLAN

Mailing Address 954 LEXINGTON AVENUE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.60
Date of Disbursement

08 / 09 / 2008

Amount of Each Disbursement this Period

1680.00

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

Full Name (Last, First, Middle Initial)

C. ILANA LEWENBERG

Mailing Address 954 LEXINGTON AVE, BOX 135

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.65
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1680.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4694.00

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

25020425022

**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 99 / 232 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. KT MCFARLAND | | Transaction ID: SB.98 Date of Disbursement 06 / 09 / 2006 | |
| Mailing Address 954 LEXINGTON AVENUE, BOX 135 | | Amount of Each Disbursement this Period 21.43 | |
| 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 | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. MR. EDWARD J. ROLLINS | | Transaction ID: SB.79 Date of Disbursement 05 / 10 / 2006 | |
| Mailing Address 301 E. 68TH ST | | Amount of Each Disbursement this Period 22500.00 | |
| 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 POLITICAL CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. MR. EDWARD J. ROLLINS | | Transaction ID: SB.88 Date of Disbursement 06 / 09 / 2006 | |
| Mailing Address 301 E. 68TH ST | | Amount of Each Disbursement this Period 10000.00 | |
| 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 POLITICAL CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 32521.43 |
| TOTAL This Period (last page this line number only) | |

26020423023

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. RAMI SHY

Full Name (Last, First, Middle Initial)

Mailing Address 421 W 118 STREET

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.96
Date of Disbursement 06 / 09 / 2008

Amount of Each Disbursement this Period 45.50

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

B. MR. MICHAEL B. TRACEY

Full Name (Last, First, Middle Initial)

Mailing Address 119 EATON COURT

City BROOKLYN State NY Zip Code 11229

Purpose of Disbursement POLITICAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.83
Date of Disbursement 06 / 09 / 2008

Amount of Each Disbursement this Period 3691.84

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

C. E. GLYNN VALENTINE

Full Name (Last, First, Middle Initial)

Mailing Address 210 EAST 68TH STREET, 13H

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FINANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.32
Date of Disbursement 05 / 24 / 2008

Amount of Each Disbursement this Period 7000.00

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

SUBTOTAL of Disbursements This Page (optional) 10737.34

TOTAL This Period (last page this line number only)

26020423024

**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 / 232 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. E. GLYNN VALENTINE | | Transaction ID: SB.33 Date of Disbursement 06 / 09 / 2006 | |
| Mailing Address 210 EAST 88TH STREET, 13H | | Amount of Each Disbursement this Period 2000.00 | |
| 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 FINANCE CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. A. JOSHUA ERLICH, ATTY. AT LAW | | Transaction ID: SB.37 Date of Disbursement 04 / 21 / 2006 | |
| Mailing Address CAPITOL STATION, P.O. BOX 7273 | | Amount of Each Disbursement this Period 5000.00 | |
| City ALBANY | State NY | Zip Code 12224 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement LEGAL CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. A. JOSHUA ERLICH, ATTY. AT LAW | | Transaction ID: SB.38 Date of Disbursement 05 / 15 / 2006 | |
| Mailing Address CAPITOL STATION, P.O. BOX 7273 | | Amount of Each Disbursement this Period 5000.00 | |
| City ALBANY | State NY | Zip Code 12224 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Purpose of Disbursement LEGAL CONSULTING | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 12000.00 |
| TOTAL This Period (last page this line number only) | |

26020423025

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. BARRINGTON WORLDWIDE | | Transaction ID: SB.78 Date of Disbursement 04 / 21 / 2006 | |
| Mailing Address PO BOX 19057 | | | |
| City ALEXANDRIA | State VA | Zip Code 22320 | Amount of Each Disbursement this Period 15000.00 |
| Purpose of Disbursement POLITICAL CONSULTING | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63 | |
| Candidate Name | | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. BARRINGTON WORLDWIDE | | Transaction ID: SB.81 Date of Disbursement 05 / 25 / 2006 | |
| Mailing Address PO BOX 19057 | | | |
| City ALEXANDRIA | State VA | Zip Code 22320 | Amount of Each Disbursement this Period 17414.85 |
| Purpose of Disbursement POLITICAL CONSULTING | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63 | |
| Candidate Name | | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. BB&T | | Transaction ID: SB.1 Date of Disbursement 04 / 26 / 2006 | |
| Mailing Address PO BOX 819 | | | |
| City WILSON | State NC | Zip Code 27894 | Amount of Each Disbursement this Period 79.89 |
| Purpose of Disbursement BANK FEE | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63 | |
| Candidate Name | | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 32494.73 |
| TOTAL This Period (last page this line number only) | |

25020423026

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.2
Date of Disbursement 05 / 10 / 2006

Amount of Each Disbursement this Period 88.10

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

B. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.2001
Date of Disbursement 05 / 31 / 2006

Amount of Each Disbursement this Period 31.41

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

C. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.3
Date of Disbursement 05 / 18 / 2006

Amount of Each Disbursement this Period 43.90

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

SUBTOTAL of Disbursements This Page (optional)

163.41

TOTAL This Period (last page this line number only)

25020423027

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.4
Date of Disbursement
05 / 22 / 2006

Amount of Each Disbursement this Period
68.00

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

B. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.5
Date of Disbursement
06 / 06 / 2006

Amount of Each Disbursement this Period
43.90

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

C. BB&T

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.6
Date of Disbursement
06 / 21 / 2006

Amount of Each Disbursement this Period
50.00

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

SUBTOTAL of Disbursements This Page (optional) 161.90

TOTAL This Period (last page this line number only)

26020423028

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. BB&T

Full Name (Last, First, Middle Initial) _____

Mailing Address PO BOX 819

City WILSON State NC Zip Code 27894

Purpose of Disbursement BANK FEE

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.7
Date of Disbursement: 06 / 23 / 2006

Amount of Each Disbursement this Period: 40.30

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

B. CAMPAIGN SOLUTIONS/THE DONATELLI GROUP

Full Name (Last, First, Middle Initial) _____

Mailing Address 118 N. SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEB SERVICES

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.103
Date of Disbursement: 05 / 20 / 2006

Amount of Each Disbursement this Period: 3000.00

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

C. CAPITAL CAMPAIGNS

Full Name (Last, First, Middle Initial) _____

Mailing Address 921 11TH STREET, SUITE 420

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement FINANCE CONSULTING

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.29
Date of Disbursement: 04 / 13 / 2006

Amount of Each Disbursement this Period: 66108.88

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

SUBTOTAL of Disbursements This Page (optional) ▶ 69149.18

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

26020423029

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. CAPITAL CAMPAIGNS

Mailing Address 921 11TH STREET, SUITE 420

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB.30

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

933.34

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

Full Name (Last, First, Middle Initial)

B. CAPITAL CAMPAIGNS

Mailing Address 921 11TH STREET, SUITE 420

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
FINANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB.31

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

28134.73

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

Full Name (Last, First, Middle Initial)

C. COMPLIANCE CONSULTING, LLC

Mailing Address P.O. BOX 365

City State Zip Code
MCLEAN VA 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB.15

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional)

32068.07

TOTAL This Period (last page this line number only)

26020423030

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. COMPLIANCE CONSULTING, LLC

Transaction ID: SB.16
Date of Disbursement

Mailing Address P.O. BOX 365

05 / 15 / 2006

City State Zip Code
MCLEAN VA 22101

Amount of Each Disbursement this Period

Purpose of Disbursement
COMPLIANCE CONSULTING

16500.00

Candidate Name

Category/ Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)
B. CONNELL DONATELLI, INC.

Transaction ID: SB.102
Date of Disbursement

Mailing Address P.O. BOX 1677

05 / 15 / 2006

City State Zip Code
ALEXANDRIA VA 22313

Amount of Each Disbursement this Period

Purpose of Disbursement
WEB SERVICES

146.87

Candidate Name

Category/ Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)
C. DONATELLI AVELLA, INC.

Transaction ID: SB.8
Date of Disbursement

Mailing Address P.O. BOX 25784

05 / 15 / 2006

City State Zip Code
ALEXANDRIA VA 22313

Amount of Each Disbursement this Period

Purpose of Disbursement
COLLATERAL MATERIALS

3310.60

Candidate Name

Category/ Type

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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

19957.47

TOTAL This Period (last page this line number only)

25020423031

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. DONATELLI AVELLA, INC.

Full Name (Last, First, Middle Initial)
DONATELLI AVELLA, INC.

Mailing Address P.O. BOX 25784

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COLLATERAL MATERIALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.9
Date of Disbursement
05 / 24 / 2008

Amount of Each Disbursement this Period
582.45

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

B. EDONATION

Full Name (Last, First, Middle Initial)
EDONATION

Mailing Address 118 N. SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ON LINE FUNDRAISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.2003
Date of Disbursement
04 / 30 / 2008

Amount of Each Disbursement this Period
2125.65

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

C. EDONATION

Full Name (Last, First, Middle Initial)
EDONATION

Mailing Address 118 N. SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement ON LINE FUNDRAISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.2004
Date of Disbursement
05 / 31 / 2008

Amount of Each Disbursement this Period
688.73

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

SUBTOTAL of Disbursements This Page (optional) ▶ 3396.83

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

26020423032

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 232

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. EDDNATION

Full Name (Last, First, Middle Initial)
EDDNATION

Transaction ID: SB.2005
Date of Disbursement
06 / 30 / 2008

Mailing Address 118 N. SAINT ASAPH ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ON LINE FUNDRAISING

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
111.00

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

B. EMPIRE-CAPITOL STRATEGIES

Full Name (Last, First, Middle Initial)
EMPIRE-CAPITOL STRATEGIES

Transaction ID: SB.80
Date of Disbursement
05 / 24 / 2008

Mailing Address 330 W 86TH

City NEW YORK State NY Zip Code 10024

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

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

C. EMPIRE-CAPITOL STRATEGIES

Full Name (Last, First, Middle Initial)
EMPIRE-CAPITOL STRATEGIES

Transaction ID: SB.82
Date of Disbursement
06 / 09 / 2008

Mailing Address 330 W 86TH

City NEW YORK State NY Zip Code 10024

Purpose of Disbursement
POLITICAL CONSULTING

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
6129.80

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

SUBTOTAL of Disbursements This Page (optional) ▶ 6290.80

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

20020423033

**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 110 / 232

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
HUTCHINSON METRO CENTER

Mailing Address 1200 WATERS PLACE, STE 301

City BRONX State NY Zip Code 10461

Purpose of Disbursement INSURANCE PREMIUM

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.34
Date of Disbursement 05 / 24 / 2006

Amount of Each Disbursement this Period 1080.00

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

B. Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City CINCINNATI State OH Zip Code 45999

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.62
Date of Disbursement 05 / 10 / 2006

Amount of Each Disbursement this Period 14784.58

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

C. Full Name (Last, First, Middle Initial)
INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City CINCINNATI State OH Zip Code 45999

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.63
Date of Disbursement 05 / 10 / 2006

Amount of Each Disbursement this Period 3757.87

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

SUBTOTAL of Disbursements This Page (optional) 19622.45

TOTAL This Period (last page this line number only)

26020423034

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
KT McFarland for Senate

Full Name (Last, First, Middle Initial)
A. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City CINCINNATI State OH Zip Code 45999

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.68
Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

3992.89

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

Full Name (Last, First, Middle Initial)
B. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City CINCINNATI State OH Zip Code 45999

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.68
Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

1146.50

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

Full Name (Last, First, Middle Initial)
C. INTERNAL REVENUE SERVICE

Mailing Address IRS CENTER

City CINCINNATI State OH Zip Code 45999

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought: House
 Senate
 President

State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.70
Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

3992.89

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

SUBTOTAL of Disbursements This Page (optional)

9132.38

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. INTERNAL REVENUE SERVICE | | Transaction ID: SB.71 Date of Disbursement MM / DD / YYYY 08 / 08 / 2008 |
| Mailing Address IRS CENTER | | Amount of Each Disbursement this Period 1146.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City CINCINNATI | State OH Zip Code 45999 | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE | | Transaction ID: SB.75 Date of Disbursement MM / DD / YYYY 08 / 23 / 2008 |
| Mailing Address IRS CENTER | | Amount of Each Disbursement this Period 139.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City CINCINNATI | State OH Zip Code 45999 | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE | | Transaction ID: SB.77 Date of Disbursement MM / DD / YYYY 08 / 23 / 2008 |
| Mailing Address IRS CENTER | | Amount of Each Disbursement this Period 293.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City CINCINNATI | State OH Zip Code 45999 | |
| Purpose of Disbursement PAYROLL TAXES | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1579.78 |
| TOTAL This Period (last page this line number only) | |

26020423036

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. LEGISLATIVE CORRESPONDENTS ASSOCIATION

Mailing Address P.O. BOX 7340, CAPITOL STATION

City ALBANY State NY Zip Code 12224

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.01
Date of Disbursement
05 / 02 / 2006

Amount of Each Disbursement this Period
1000.00

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

Full Name (Last, First, Middle Initial)
B. MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15469

City WILMINGTON State DE Zip Code 19886

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.1007
Date of Disbursement
04 / 28 / 2006

Amount of Each Disbursement this Period
8657.45

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

Full Name (Last, First, Middle Initial)
C. MR. DUANE READE

Mailing Address 1290 AMSTERDAM AVE

City NEW YORK State NY Zip Code 10027

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1012
Date of Disbursement
04 / 28 / 2006

Amount of Each Disbursement this Period
13.22

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 9857.45

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

25020423037

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. AMOCO | | Transaction ID: SB.1028 Date of Disbursement MM / DD / YYYY 04 / 28 / 2006 | |
| Mailing Address 2040 BTH AVE | | Amount of Each Disbursement this Period 25.01 | |
| City NEW YORK | State NY | Zip Code 10026 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. DELL | | Transaction ID: SB.1008 Date of Disbursement MM / DD / YYYY 04 / 28 / 2006 | |
| Mailing Address ONE DELL WAY | | Amount of Each Disbursement this Period 2028.77 | |
| City ROUND ROCK | State TX | Zip Code 78882 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement EQUIPMENT PURCHASE | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. EXPEDIA.COM | | Transaction ID: SB.1026 Date of Disbursement MM / DD / YYYY 04 / 28 / 2006 | |
| Mailing Address 3150 139TH AVE SE | | Amount of Each Disbursement this Period 207.82 | |
| City BELLEVUE | State WA | Zip Code 98005 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423038

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. HOT & CRUSTY | | Transaction ID: SB.1005 Date of Disbursement 04 / 28 / 2006 |
| Mailing Address 1097 LEXINGTON AVE | | Amount of Each Disbursement This Period 195.00 |
| City NEW YORK | State NY | |
| Purpose of Disbursement CATERING | Zip Code 10021 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. HYATT - BUFFALO | | Transaction ID: SB.1027 Date of Disbursement 04 / 28 / 2006 |
| Mailing Address 2 FOUNTAIN PLAZA | | Amount of Each Disbursement This Period 135.36 |
| City BUFFALO | State NY | |
| Purpose of Disbursement TRAVEL | Zip Code 14202 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. JET BLUE AIRWAYS | | Transaction ID: SB.1021 Date of Disbursement 04 / 28 / 2006 |
| Mailing Address PO BOX 17435 | | Amount of Each Disbursement This Period 132.80 |
| City SALT LAKE CITY | State UT | |
| Purpose of Disbursement TRAVEL | Zip Code 84117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423039

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. JET BLUE AIRWAYS

Mailing Address PO BOX 17435

City State Zip Code
SALT LAKE CITY UT 84117

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Transaction ID: SB.1022
Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Amount of Each Disbursement this Period

431.20

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JET BLUE AIRWAYS

Mailing Address PO BOX 17435

City State Zip Code
SALT LAKE CITY UT 84117

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Transaction ID: SB.1023
Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Amount of Each Disbursement this Period

361.20

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JET BLUE AIRWAYS

Mailing Address PO BOX 17435

City State Zip Code
SALT LAKE CITY UT 84117

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Transaction ID: SB.1024
Date of Disbursement

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 0 6

Amount of Each Disbursement this Period

428.40

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) A. MAPS.COM | | Transaction ID: SB.1025 Date of Disbursement MM ' DD ' YYYY 04 ' 28 ' 2006 | |
| Mailing Address 120 CREMONA DR., SUITE H | | Amount of Each Disbursement this Period 95.95 | |
| City SANTA BARBARA | State CA | Zip Code 93117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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|--|--|---|---|
| Full Name (Last, First, Middle Initial) B. MBNA PLATINUM PLUS | | Transaction ID: SB.1002 Date of Disbursement MM ' DD ' YYYY 04 ' 28 ' 2006 | |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 39.00 | |
| City WILMINGTON | State DE | Zip Code 19886 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement BANK FEE | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|--|--|---|---|
| Full Name (Last, First, Middle Initial) C. MBNA PLATINUM PLUS | | Transaction ID: SB.1003 Date of Disbursement MM ' DD ' YYYY 04 ' 28 ' 2006 | |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period -39.00 | |
| City WILMINGTON | State DE | Zip Code 19886 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement BANK FEE | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (test page this line number only) | |

26020423041

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. MBNA PLATINUM PLUS | | Transaction ID: SB.1004 Date of Disbursement MM / DD / YYYY 04 / 28 / 2008 |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period -30.28 |
| City WILMINGTON | State DE | |
| Zip Code 19886 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement BANK FEE | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. MITCHELL'S NEWS | | Transaction ID: SB.1019 Date of Disbursement MM / DD / YYYY 04 / 28 / 2008 |
| Mailing Address 311 WEST 37TH ST | | Amount of Each Disbursement this Period 31.84 |
| City NEW YORK | State NY | |
| Zip Code 10018 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement PUBLICATIONS | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL JOURNAL GROUP | | Transaction ID: SB.1020 Date of Disbursement MM / DD / YYYY 04 / 28 / 2008 |
| Mailing Address 800 NEW HAMPSHIRE AVE., NW | | Amount of Each Disbursement this Period 875.00 |
| City WASHINGTON | State DC | |
| Zip Code 20037 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement SUBSCRIPTION | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423042

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. PLANET KIDS

Full Name (Last, First, Middle Initial)
Mailing Address 247 E 86TH ST

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement COLLATERAL MATERIALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1008
Date of Disbursement 04 / 28 / 2006

Amount of Each Disbursement this Period 16.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. RADIO SHACK-LEXINGTON

Full Name (Last, First, Middle Initial)
Mailing Address 925 LEXINGTON AVE

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1008
Date of Disbursement 04 / 28 / 2006

Amount of Each Disbursement this Period 32.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. STAPLES

Full Name (Last, First, Middle Initial)
Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1011
Date of Disbursement 04 / 28 / 2006

Amount of Each Disbursement this Period 325.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423043

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1013

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2006

Amount of Each Disbursement this Period

82.58

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1014

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2006

Amount of Each Disbursement this Period

1419.38

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STATE NEWS

Mailing Address 1243 3RD AVENUE

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PUBLICATIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1016

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2006

Amount of Each Disbursement this Period

29.97

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STATE NEWS

Mailing Address 1243 3RD AVENUE

City State Zip Code
NEW YORK NY 10021

Purpose of Disbursement
PUBLICATIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1017

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2008

Amount of Each Disbursement this Period

25.68

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STATE NEWS

Mailing Address 1243 3RD AVENUE

City State Zip Code
NEW YORK NY 10021

Purpose of Disbursement
PUBLICATIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1018

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2008

Amount of Each Disbursement this Period

34.02

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City State Zip Code
TEMPE AZ 85281

Purpose of Disbursement
ADMINISTRATIVE FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1000

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2008

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

26020423045

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement ADMINISTRATIVE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1001
Date of Disbursement 04 / 28 / 2008

Amount of Each Disbursement this Period 5.00

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

[MEMO ITEM]

B. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1029
Date of Disbursement 04 / 28 / 2008

Amount of Each Disbursement this Period 257.10

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

[MEMO ITEM]

C. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1030
Date of Disbursement 04 / 28 / 2008

Amount of Each Disbursement this Period 442.10

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423045

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. USPS-GLYNN

Mailing Address 217 E 70TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: SB.1015
Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1181.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. VIVOLO

Mailing Address 13B E 74TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: SB.1010
Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15488

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/ Type

Transaction ID: SB.1034
Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

9365.40

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

SUBTOTAL of Disbursements This Page (optional) ▶

9365.40

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

26020423047

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. 7-ELEVEN-WILLIAMSVILLE

Full Name (Last, First, Middle Initial)
7-ELEVEN-WILLIAMSVILLE

Mailing Address 840 MAPLE RD

City WILLIAMSVILLE State NY Zip Code 14221

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1076
Date of Disbursement 05 / 04 / 2008

Amount of Each Disbursement this Period 13.04

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

[MEMO ITEM]

B. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1054
Date of Disbursement 05 / 04 / 2008

Amount of Each Disbursement this Period 102.00

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

[MEMO ITEM]

C. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1078
Date of Disbursement 05 / 04 / 2008

Amount of Each Disbursement this Period 158.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

20020423048

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. ANTON BAR

Transaction ID: SB.1040
Date of Disbursement

Mailing Address LAGUARDIA AIRPORT

05 / 04 / 2008

City State Zip Code
FLUSHING NY 11371

Amount of Each Disbursement this Period

Purpose of Disbursement
FOOD/BEVERAGE

12.78

Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)
B. BABE'S MACARONI GRILL

Transaction ID: SB.1037
Date of Disbursement

Mailing Address 80 N GENESEE ST

05 / 04 / 2008

City State Zip Code
UTICA NY 13502

Amount of Each Disbursement this Period

Purpose of Disbursement
FOOD/BEVERAGE

48.00

Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

Full Name (Last, First, Middle Initial)
C. BLACKWELLS INC

Transaction ID: SB.1073
Date of Disbursement

Mailing Address 5591 CAMP RD

05 / 04 / 2008

City State Zip Code
HAMBURG NY 14075

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

30.05

Candidate Name

Category/
Type

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

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

26020423049

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. CROWN PLAZA-ALBANY

Full Name (Last, First, Middle Initial)
Mailing Address STATE AND LODGE STREETS

City ALBANY State NY Zip Code 12207

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.10B3
Date of Disbursement
05 / 04 / 2008

Amount of Each Disbursement this Period
134.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. CROWN PLAZA-ALBANY

Full Name (Last, First, Middle Initial)
Mailing Address STATE AND LODGE STREETS

City ALBANY State NY Zip Code 12207

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.10B4
Date of Disbursement
05 / 04 / 2008

Amount of Each Disbursement this Period
134.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. DUNKIN DONUTS

Full Name (Last, First, Middle Initial)
Mailing Address 601 2ND AVE

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1042
Date of Disbursement
05 / 04 / 2008

Amount of Each Disbursement this Period
50.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423050

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. EXXONMOBIL-MONTICELLO | | Transaction ID: SB.1052 Date of Disbursement 05 / 04 / 2008 |
| Mailing Address 4019 STATE ROUTE 42 NORTH | | Amount of Each Disbursement this Period 31.50 |
| City MONTICELLO | State NY | |
| Zip Code 12701 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. EXXONMOBIL-SBURLINGTON | | Transaction ID: SB.1059 Date of Disbursement 05 / 04 / 2008 |
| Mailing Address 1314 WILLISTON RD | | Amount of Each Disbursement this Period 24.50 |
| City SOUTH BURLINGTON | State VT | |
| Zip Code 05403 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. EXXONMOBIL-REGO | | Transaction ID: SB.1062 Date of Disbursement 05 / 04 / 2008 |
| Mailing Address 14150 UNION TURNPIKE | | Amount of Each Disbursement this Period 30.67 |
| City FLUSHING | State NY | |
| Zip Code 11367 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

25020423051

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. EXXONMOBIL-HERKIMER

Full Name (Last, First, Middle Initial)
EXXONMOBIL-HERKIMER

Mailing Address 430 MOHAWK ST

City HERKIMER State NY Zip Code 13350

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1079
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 43.58

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

[MEMO ITEM]

B. GENESSEE INN HOTEL

Full Name (Last, First, Middle Initial)
GENESSEE INN HOTEL

Mailing Address 1060 EAST GENESEE ST

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1086
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 303.90

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

[MEMO ITEM]

C. GENESSEE INN HOTEL

Full Name (Last, First, Middle Initial)
GENESSEE INN HOTEL

Mailing Address 1060 EAST GENESEE ST

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1087
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 124.25

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423052

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. GENESSEE INN HOTEL

Full Name (Last, First, Middle Initial)
GENESSEE INN HOTEL

Mailing Address 1060 EAST GENESEE ST

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1088
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 155.85

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. GRISTEDES

Full Name (Last, First, Middle Initial)
GRISTEDES

Mailing Address 355 FIRST AVE & 20TH ST

City NEW YORK State NY Zip Code 10009

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1041
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 16.14

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. HERTZ-NY90TH

Full Name (Last, First, Middle Initial)
HERTZ-NY90TH

Mailing Address 412 E 90TH ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1070
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 531.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26620423053

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. HERTZ-SYRACUSE | | Transaction ID: SB.1077 Date of Disbursement 05 / 04 / 2006 |
| Mailing Address 100 COL EILEEN COLLONS BL #10 | | Amount of Each Disbursement this Period 158.64 |
| City SYRACUSE | State NY | |
| Zip Code 13212 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. HESS-ONEONTA | | Transaction ID: SB.1058 Date of Disbursement 05 / 04 / 2006 |
| Mailing Address 1 ONEIDA ST | | Amount of Each Disbursement this Period 19.00 |
| City ONEONTA | State NY | |
| Zip Code 13820 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. HESS-SYRACUSE | | Transaction ID: SB.1084 Date of Disbursement 05 / 04 / 2006 |
| Mailing Address 400 ERIE BLVD E | | Amount of Each Disbursement this Period 31.50 |
| City SYRACUSE | State NY | |
| Zip Code 13202 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

25020423054

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
KT McFarland for Senate

Full Name (Last, First, Middle Initial)
A. HILTON GARDEN INN-ITHACA

Mailing Address 130 EAST SENECA

City ITHACA State NY Zip Code 14850

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1085
Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

146.85

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HILTON GARDEN INN-ITHACA

Mailing Address 130 EAST SENECA

City ITHACA State NY Zip Code 14850

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1086
Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

145.77

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HILTON GARDEN INN-EAST SYRACUSE

Mailing Address 6004 FAIR LAKES ROAD

City EAST SYRACUSE State NY Zip Code 13057

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1087
Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

106.22

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. HILTON GARDEN INN-EAST SYRACUSE

Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-EAST SYRACUSE

Mailing Address 6004 FAIR LAKES ROAD

City EAST SYRACUSE State NY Zip Code 13057

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1068
Date of Disbursement 05 / 04 / 2008

Amount of Each Disbursement this Period 106.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. HYATT - BUFFALO

Full Name (Last, First, Middle Initial)
HYATT - BUFFALO

Mailing Address 2 FOUNTAIN PLAZA

City BUFFALO State NY Zip Code 14202

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1071
Date of Disbursement 05 / 04 / 2008

Amount of Each Disbursement this Period 60.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. HYATT - BUFFALO

Full Name (Last, First, Middle Initial)
HYATT - BUFFALO

Mailing Address 2 FOUNTAIN PLAZA

City BUFFALO State NY Zip Code 14202

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1072
Date of Disbursement 05 / 04 / 2008

Amount of Each Disbursement this Period 135.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423058

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. JET BLUE AIRWAYS | | Transaction ID: SB.1053 Date of Disbursement 05 / 04 / 2006 | |
| Mailing Address PO BOX 17435 | | Amount of Each Disbursement this Period 248.60 | |
| City SALT LAKE CITY | State UT | Zip Code 84117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | Category/ Type | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. JET BLUE AIRWAYS | | Transaction ID: SB.1055 Date of Disbursement 05 / 04 / 2006 | |
| Mailing Address PO BOX 17435 | | Amount of Each Disbursement this Period -124.30 | |
| City SALT LAKE CITY | State UT | Zip Code 84117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | Category/ Type | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. JET BLUE AIRWAYS | | Transaction ID: SB.1082 Date of Disbursement 05 / 04 / 2006 | |
| Mailing Address PO BOX 17435 | | Amount of Each Disbursement this Period 124.30 | |
| City SALT LAKE CITY | State UT | Zip Code 84117 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | Category/ Type | | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423057

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
JFK INTERNATIONAL AIRPORT

Mailing Address JFK EXPRESSWAY

City JAMAICA State NY Zip Code 11430

Purpose of Disbursement
PARKING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1049
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15469

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1032
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
49.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15469

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1033
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
62.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

25020423058

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1075
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 5.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1080
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 40.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1081
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 40.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423059

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MONARCH NEWS & GIFTS

Mailing Address 4200 GENESEE STREET

City State Zip Code
BUFFALO NY 14225

Purpose of Disbursement
PUBLICATION

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1050

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

5.42

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NASSAU COUNTY REPUBLICAN CMTE

Mailing Address 164 POST AVENUE

City State Zip Code
WESTBURY NY 11590

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1035

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

1500.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NEPTUNE DINER

Mailing Address 5001 STATE HIGHWAY 23

City State Zip Code
ONEONTA NY 13820

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1036

Date of Disbursement

05 / 04 / 2006

Amount of Each Disbursement this Period

58.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. NORTHWOODS INN

Mailing Address 2520 MAIN STREET

City LAKE PLACID State NY Zip Code 12948

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1085
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
174.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SIMEONS ON THE COMMONS

Mailing Address 224 EAST STATE ST

City ITHACA State NY Zip Code 14850

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1039
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
133.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1043
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
75.98

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423061

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. STAPLES

Full Name (Last, First, Middle Initial)
STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB.1044
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
285.87

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. STAPLES

Full Name (Last, First, Middle Initial)
STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB.1045
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
596.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. STAPLES

Full Name (Last, First, Middle Initial)
STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB.1047
Date of Disbursement
05 / 04 / 2006

Amount of Each Disbursement this Period
285.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423062

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1048

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2008

Amount of Each Disbursement this Period

299.41

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SUNOCO-AMSTERDAM

Mailing Address 5040 STATE HWY 30

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1057

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2008

Amount of Each Disbursement this Period

33.01

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SUNOCO-CLARENCE

Mailing Address MILE 412 NYS THRUWAY

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1068

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2008

Amount of Each Disbursement this Period

18.55

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

25020423063

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. SUNOCO-RAMAPO

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1063
Date of Disbursement
05 / 04 / 2006

Mailing Address 123 RAMAPO ROAD
Amount of Each Disbursement this Period
30.00

City GARNERVILLE State NY Zip Code 10923
Purpose of Disbursement TRAVEL
Candidate Name
Category Type
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

[MEMO ITEM]

B. SUNOCO-ROSCOE

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1074
Date of Disbursement
05 / 04 / 2006

Mailing Address E. MAIN STREET
Amount of Each Disbursement this Period
11.45

City ROSCOE State NY Zip Code 12776
Purpose of Disbursement TRAVEL
Candidate Name
Category Type
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

[MEMO ITEM]

C. TEXACO-ESTROUDSBURG

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1056
Date of Disbursement
05 / 04 / 2006

Mailing Address 135 N COURTLAND ST
Amount of Each Disbursement this Period
30.00

City ESTROUDSBURG State PA Zip Code 18301
Purpose of Disbursement TRAVEL
Candidate Name
Category Type
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only) 0.00

26020423064

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement ADMINISTRATIVE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.1031
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 10.00

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

[MEMO ITEM]

B. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.1060
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 134.30

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

[MEMO ITEM]

C. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.1061
Date of Disbursement 05 / 04 / 2006

Amount of Each Disbursement this Period 134.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423065

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. VIVOLO

Full Name (Last, First, Middle Initial)
VIVOLO

Transaction ID: SB.1038
Date of Disbursement
05 / 04 / 2006

Mailing Address 138 E 74TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Amount of Each Disbursement this Period
55.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B. WALL STREET JOURNAL

Full Name (Last, First, Middle Initial)
WALL STREET JOURNAL

Transaction ID: SB.1051
Date of Disbursement
05 / 04 / 2006

Mailing Address 200 BURNETT ROAD

City CHICOPEE State MA Zip Code 01020

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Amount of Each Disbursement this Period
99.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. WENDT UNIVERSITY INN

Full Name (Last, First, Middle Initial)
WENDT UNIVERSITY INN

Transaction ID: SB.1089
Date of Disbursement
05 / 04 / 2006

Mailing Address P.O. BOX 557 175 UTICA ST

City HAMILTON State NY Zip Code 13346

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Amount of Each Disbursement this Period
122.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423066

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. WENDT UNIVERSITY INN

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1090
Date of Disbursement
05 / 04 / 2006

Mailing Address P.O. BOX 557 175 UTICA ST
Amount of Each Disbursement this Period
122.08

City HAMILTON State NY Zip Code 13348
Purpose of Disbursement TRAVEL-LODGING
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. WORLD CLASS INK SUPPLY

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1046
Date of Disbursement
05 / 04 / 2006

Mailing Address 47 SOUTH BROAD ST
Amount of Each Disbursement this Period
1779.72

City WOODBURY State NJ Zip Code 08096
Purpose of Disbursement OFFICE SUPPLIES
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. MBNA PLATINUM PLUS

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1310
Date of Disbursement
08 / 09 / 2006

Mailing Address P.O. BOX 15469
Amount of Each Disbursement this Period
33919.01

City WILMINGTON State DE Zip Code 19888
Purpose of Disbursement CREDIT CARD PAYMENT
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

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

SUBTOTAL of Disbursements This Page (optional) ▶ 33919.01

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

25020423067

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. AMOCO

Full Name (Last, First, Middle Initial)
AMOCO

Mailing Address 2040 8TH AVE

City NEW YORK State NY Zip Code 10026

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1279
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 47.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1236
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 320.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

G. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1237
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period -320.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423068

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1241
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
320.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1250
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
336.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1265
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
106.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423069

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1268
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period
-108.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1270
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period
53.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. AMTRAK

Full Name (Last, First, Middle Initial)
AMTRAK

Mailing Address 50 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1271
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period
53.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423070

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. ANTON BAR

Full Name (Last, First, Middle Initial)
ANTON BAR

Transaction ID: SB.1205
Date of Disbursement
05 / 28 / 2008

Mailing Address LAGUARDIA AIRPORT

City FLUSHING State NY Zip Code 11371

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Amount of Each Disbursement this Period
12.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. BEST WESTERN CARRIAGE HOUSE

Full Name (Last, First, Middle Initial)
BEST WESTERN CARRIAGE HOUSE

Transaction ID: SB.1107
Date of Disbursement
05 / 24 / 2008

Mailing Address 300 WASHINGTON ST

City WATERTOWN State NY Zip Code 13601

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Amount of Each Disbursement this Period
90.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. BROADWAY PIZZA & CATERING

Full Name (Last, First, Middle Initial)
BROADWAY PIZZA & CATERING

Transaction ID: SB.1146
Date of Disbursement
05 / 26 / 2008

Mailing Address 60 BROADWAY

City GREENLAWN State NY Zip Code 11740

Purpose of Disbursement CATERING

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Amount of Each Disbursement this Period
239.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423671

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. CITARELLA

Mailing Address 1313 3RD AVE

City State Zip Code
NEW YORK NY 10021

Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1200
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

21.12

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CITY OF BUFFALO

Mailing Address 85 NIAGARA SQ #117

City State Zip Code
BUFFALO NY 14202

Purpose of Disbursement
ADMINISTRATIVE FEE
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1091
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

3.25

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. COLGATE INN RESTAURANT

Mailing Address 1-5 PAYNE ST

City State Zip Code
HAMILTON NY 13346

Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1198
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

37.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

25020423072

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. COLLEGE TOWN BAGELS | | Transaction ID: SB.1098 Date of Disbursement MM / DD / YYYY 05 / 24 / 2006 |
| Mailing Address 203 N AURORA ST | | Amount of Each Disbursement this Period 9.06 |
| City ITHACA | State NY | |
| Purpose of Disbursement FOOD/BEVERAGE | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. CROWN PLAZA-ALBANY | | Transaction ID: SB.1286 Date of Disbursement MM / DD / YYYY 05 / 26 / 2006 |
| Mailing Address STATE AND LODGE STREETS | | Amount of Each Disbursement this Period 258.77 |
| City ALBANY | State NY | |
| Purpose of Disbursement TRAVEL-LODGING | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. CROWN PLAZA-ALBANY | | Transaction ID: SB.1287 Date of Disbursement MM / DD / YYYY 05 / 26 / 2006 |
| Mailing Address STATE AND LODGE STREETS | | Amount of Each Disbursement this Period 238.87 |
| City ALBANY | State NY | |
| Purpose of Disbursement TRAVEL-LODGING | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|-------------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423073

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. CROWN PLAZA-ALBANY

Mailing Address STATE AND LODGE STREETS

City ALBANY State NY Zip Code 12207

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1288
Date of Disbursement

MM / DD / YYYY
05 / 26 / 2008

Amount of Each Disbursement this Period

255.82

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CROWN PLAZA-ALBANY

Mailing Address STATE AND LODGE STREETS

City ALBANY State NY Zip Code 12207

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1289
Date of Disbursement

MM / DD / YYYY
05 / 26 / 2008

Amount of Each Disbursement this Period

145.77

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CROWN PLAZA-ALBANY

Mailing Address STATE AND LODGE STREETS

City ALBANY State NY Zip Code 12207

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1290
Date of Disbursement

MM / DD / YYYY
05 / 26 / 2008

Amount of Each Disbursement this Period

156.72

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

26020423074

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. CROWN PLAZA-ALBANY

Full Name (Last, First, Middle Initial)
STATE AND LODGE STREETS

Mailing Address

City ALBANY State NY Zip Code 12207

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1291
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 167.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. CROWN PLAZA-ALBANY

Full Name (Last, First, Middle Initial)
STATE AND LODGE STREETS

Mailing Address

City ALBANY State NY Zip Code 12207

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1302
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 106.22

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. CROWN PLAZA-ALBANY

Full Name (Last, First, Middle Initial)
STATE AND LODGE STREETS

Mailing Address

City ALBANY State NY Zip Code 12207

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1303
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 136.92

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423075

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. CRYSTAL KREATIONS

Mailing Address 251 E 32ND STREET

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify): ▼

Category/
Type

Transaction ID: SB.1148
Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

1424.81

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAILY NEWS

Mailing Address 450 WEST 33RD STREET

City NEW YORK State NY Zip Code 10001

Purpose of Disbursement
PUBLICATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify): ▼

Category/
Type

Transaction ID: SB.1228
Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

27.95

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DANDY MINI-MART

Mailing Address 100 HENRY STREET

City SAYRE State PA Zip Code 18840

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify): ▼

Category/
Type

Transaction ID: SB.1118
Date of Disbursement

05 / 24 / 2008

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. DELL

Full Name (Last, First, Middle Initial)
DELL

Mailing Address ONE DELL WAY

City ROUND ROCK State TX Zip Code 78682

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1194
Date of Disbursement
05 / 26 / 2008

Amount of Each Disbursement this Period
2384.90

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. DELTA AIRLINES

Full Name (Last, First, Middle Initial)
DELTA AIRLINES

Mailing Address 100 EAST 42ND ST

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement
ADMINISTRATIVE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1092
Date of Disbursement
05 / 24 / 2008

Amount of Each Disbursement this Period
30.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. EXPEDIA.COM

Full Name (Last, First, Middle Initial)
EXPEDIA.COM

Mailing Address 3150 139TH AVE SE

City BELLEVUE State WA Zip Code 98005

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1246
Date of Disbursement
05 / 28 / 2008

Amount of Each Disbursement this Period
338.55

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423077

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. EXXONMOBIL-GARDEN CITY

Full Name (Last, First, Middle Initial)
EXXONMOBIL-GARDEN CITY

Mailing Address 117 FRANKLIN AVE

City GARDEN CITY State NY Zip Code 11530

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1009
Date of Disbursement 05 / 24 / 2006

Amount of Each Disbursement this Period 5.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. EXXONMOBIL-CENTRAL

Full Name (Last, First, Middle Initial)
EXXONMOBIL-CENTRAL

Mailing Address 425 GRANT STREET

City SYRACUSE State NY Zip Code 13036

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1105
Date of Disbursement 05 / 24 / 2006

Amount of Each Disbursement this Period 39.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. EXXONMOBIL-CENTRAL

Full Name (Last, First, Middle Initial)
EXXONMOBIL-CENTRAL

Mailing Address 425 GRANT STREET

City SYRACUSE State NY Zip Code 13036

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1108
Date of Disbursement 05 / 24 / 2006

Amount of Each Disbursement this Period 2.74

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423078

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. EXXONMOBIL-REGO

Mailing Address 14150 UNION TURNPIKE

City FLUSHING State NY Zip Code 11367

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1108
Date of Disbursement
05 / 24 / 2006

Amount of Each Disbursement this Period
42.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. EXXONMOBIL-REGO

Mailing Address 14150 UNION TURNPIKE

City FLUSHING State NY Zip Code 11367

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1112
Date of Disbursement
05 / 24 / 2006

Amount of Each Disbursement this Period
34.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. EXXONMOBIL-REGO

Mailing Address 14150 UNION TURNPIKE

City FLUSHING State NY Zip Code 11367

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1114
Date of Disbursement
05 / 24 / 2006

Amount of Each Disbursement this Period
30.78

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423079

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. EXXONMOBIL-REGO

Full Name (Last, First, Middle Initial)
Mailing Address: 14150 UNION TURNPIKE

City: FLUSHING State: NY Zip Code: 11367

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1115
Date of Disbursement: 05 / 24 / 2006

Amount of Each Disbursement this Period: 17.88

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

[MEMO ITEM]

B. EXXONMOBIL-FREDONIA

Full Name (Last, First, Middle Initial)
Mailing Address: 242 EAST MAIN STREET

City: FREDONIA State: NY Zip Code: 14083

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1127
Date of Disbursement: 05 / 24 / 2006

Amount of Each Disbursement this Period: 11.89

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

[MEMO ITEM]

C. EXXONMOBIL-BRONX

Full Name (Last, First, Middle Initial)
Mailing Address: 811 GRAND CONCOURSE

City: BRONX State: NY Zip Code: 10451

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1242
Date of Disbursement: 05 / 26 / 2006

Amount of Each Disbursement this Period: 38.01

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423080

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. EXXONMOBIL-MILFORD

Mailing Address 2341 STATE HIGHWAY 28

City State Zip Code
MILFORD PA 13820

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.1245
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

10.20

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. EXXONMOBIL-PLATTEKILL

Mailing Address MODENA AREA MILEPOST 88

City State Zip Code
PLATTEKILL NY 12568

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.1259
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

48.11

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. EXXONMOBIL-REGO

Mailing Address 14150 UNION TURNPIKE

City State Zip Code
FLUSHING NY 11367

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB.1261
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

28.94

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

26020423081

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. EXXONMOBIL-REGO | | Transaction ID: SB.1262 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 14150 UNION TURNPIKE | | Amount of Each Disbursement this Period 10.73 |
| City FLUSHING | State NY | |
| Zip Code 11367 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. EXXONMOBIL-OWEGO | | Transaction ID: SB.1269 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 1801 STATE ROUTE 17C | | Amount of Each Disbursement this Period 20.77 |
| City OWEGO | State NY | |
| Zip Code 13827 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. EXXONMOBIL-REGO | | Transaction ID: SB.1276 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 14150 UNION TURNPIKE | | Amount of Each Disbursement this Period 28.57 |
| City FLUSHING | State NY | |
| Zip Code 11367 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

25020423082

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 3965 AIRWAYS

City State Zip Code
MEMPHIS TN 38194

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1156

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

15.40

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 3965 AIRWAYS

City State Zip Code
MEMPHIS TN 38194

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1157

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

27.06

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 3965 AIRWAYS

City State Zip Code
MEMPHIS TN 38194

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1158

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

19.32

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Transaction ID: SB.1159 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 29.07 |
| City MEMPHIS | State TN | |
| Zip Code 38194 | Purpose of Disbursement DELIVERY | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Transaction ID: SB.1160 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 17.92 |
| City MEMPHIS | State TN | |
| Zip Code 38194 | Purpose of Disbursement DELIVERY | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: SB.1161 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 24.46 |
| City MEMPHIS | State TN | |
| Zip Code 38194 | Purpose of Disbursement DELIVERY | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District | | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423084

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. FEDEX

Mailing Address 3985 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1162
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
23.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. FEDEX

Mailing Address 3985 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1163
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
9.41

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. FEDEX

Mailing Address 3985 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1164
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
20.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423085

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1165
Date of Disbursement
MM / DD / YYYY
05 / 26 / 2006

Amount of Each Disbursement this Period
17.81

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1166
Date of Disbursement
MM / DD / YYYY
05 / 26 / 2006

Amount of Each Disbursement this Period
17.81

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1167
Date of Disbursement
MM / DD / YYYY
05 / 26 / 2006

Amount of Each Disbursement this Period
16.03

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423086

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1168
Date of Disbursement
MM / DD / YYYY
05 / 26 / 2008

Amount of Each Disbursement this Period
16.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1169
Date of Disbursement
MM / DD / YYYY
05 / 26 / 2008

Amount of Each Disbursement this Period
20.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement
DELIVERY

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1170
Date of Disbursement
MM / DD / YYYY
05 / 26 / 2008

Amount of Each Disbursement this Period
16.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423087

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Transaction ID: SB.1171 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 16.24 | |
| City MEMPHIS | State TN | Zip Code 38194 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement DELIVERY | Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Transaction ID: SB.1172 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 19.81 | |
| City MEMPHIS | State TN | Zip Code 38194 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement DELIVERY | Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: SB.1173 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 37.90 | |
| City MEMPHIS | State TN | Zip Code 38194 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement DELIVERY | Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: District: | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423088

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|--|-------------|---|----------------|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Transaction ID: SB.1174 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 37.90 | |
| City MEMPHIS | State TN | Zip Code 38194 | Category/ Type |
| Purpose of Disbursement DELIVERY | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |

| | | | |
|--|-------------|---|----------------|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Transaction ID: SB.1175 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 37.90 | |
| City MEMPHIS | State TN | Zip Code 38194 | Category/ Type |
| Purpose of Disbursement DELIVERY | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |

| | | | |
|--|-------------|---|----------------|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: SB.1176 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 15.55 | |
| City MEMPHIS | State TN | Zip Code 38194 | Category/ Type |
| Purpose of Disbursement DELIVERY | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | 0.00 |

26020423089

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1177
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 16.24

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1178
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 16.24

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1179
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 16.24

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423090

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. FEDEX

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1180
Date of Disbursement
05 / 26 / 2008

Mailing Address 3965 AIRWAYS
Amount of Each Disbursement this Period
16.24

City MEMPHIS State TN Zip Code 38194
Purpose of Disbursement DELIVERY
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B. FEDEX

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1181
Date of Disbursement
05 / 26 / 2008

Mailing Address 3965 AIRWAYS
Amount of Each Disbursement this Period
15.61

City MEMPHIS State TN Zip Code 38194
Purpose of Disbursement DELIVERY
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C. FEDEX

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1182
Date of Disbursement
05 / 26 / 2008

Mailing Address 3965 AIRWAYS
Amount of Each Disbursement this Period
16.24

City MEMPHIS State TN Zip Code 38194
Purpose of Disbursement DELIVERY
Candidate Name
Category/Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423091

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1183
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 16.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1184
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 16.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1185
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 16.24

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423092

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FEDEX | | Transaction ID: SB.1186 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3885 AIRWAYS | | Amount of Each Disbursement this Period 14.24 |
| City MEMPHIS | State TN | |
| Zip Code 38194 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement DELIVERY | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FEDEX | | Transaction ID: SB.1187 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 22.37 |
| City MEMPHIS | State TN | |
| Zip Code 38194 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement DELIVERY | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FEDEX | | Transaction ID: SB.1188 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3965 AIRWAYS | | Amount of Each Disbursement this Period 16.24 |
| City MEMPHIS | State TN | |
| Zip Code 38194 | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement DELIVERY | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

SUBTOTAL of Disbursements This Page (optional) _____ ▶

0.00

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

20020423093

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. FEDEX

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1180
Date of Disbursement
05 / 26 / 2006

Mailing Address 3965 AIRWAYS
Amount of Each Disbursement this Period
16.24

City MEMPHIS State TN Zip Code 38194
Purpose of Disbursement DELIVERY
Candidate Name Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1190
Date of Disbursement
05 / 26 / 2006

Mailing Address 3965 AIRWAYS
Amount of Each Disbursement this Period
18.28

City MEMPHIS State TN Zip Code 38194
Purpose of Disbursement DELIVERY
Candidate Name Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)
Transaction ID: SB.1191
Date of Disbursement
05 / 26 / 2006

Mailing Address 3965 AIRWAYS
Amount of Each Disbursement this Period
20.44

City MEMPHIS State TN Zip Code 38194
Purpose of Disbursement DELIVERY
Candidate Name Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423094

**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 171 / 232 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
K.T. McFarland for Senate

A. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1192
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 18.09

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1193
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 89.10

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. FEDEX

Full Name (Last, First, Middle Initial)
Mailing Address 3965 AIRWAYS

City MEMPHIS State TN Zip Code 38194

Purpose of Disbursement DELIVERY

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1311
Date of Disbursement 06 / 09 / 2008

Amount of Each Disbursement this Period 11.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423095

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. FOLIAGE GARDEN

Mailing Address 120 W 28TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
FLORAL ARRANGEMENT EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1195
Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

249.26

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FOLIAGE GARDEN

Mailing Address 120 W 28TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
FLORAL EXPENSE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1196
Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

178.82

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FRED'S AUTO ENTERPRISE INC

Mailing Address 134 MARKET ST

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1258
Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

41.65

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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) | | | | PAGE 173 / 232 |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. GARDEN CITY HOTEL | | Transaction ID: SB.1313 Date of Disbursement 06 / 09 / 2006 |
| Mailing Address 45 SEVENTH ST | | Amount of Each Disbursement this Period 1942.88 |
| City GARDEN CITY | State NY | |
| Zip Code 11530 | Purpose of Disbursement TRAVEL-LODGING/FACILITY RENTAL/CATERING | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. GARDEN CITY HOTEL | | Transaction ID: SB.1314 Date of Disbursement 06 / 09 / 2006 |
| Mailing Address 45 SEVENTH ST | | Amount of Each Disbursement this Period 2497.39 |
| City GARDEN CITY | State NY | |
| Zip Code 11530 | Purpose of Disbursement TRAVEL-LODGING/FACILITY RENTAL/CATERING | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. GENESSEE INN HOTEL | | Transaction ID: SB.1131 Date of Disbursement 05 / 24 / 2006 |
| Mailing Address 1060 EAST GENESSEE ST | | Amount of Each Disbursement this Period 124.25 |
| City SYRACUSE | State NY | |
| Zip Code 13210 | Purpose of Disbursement TRAVEL-LODGING | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

20020423097

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. GENESSEE INN HOTEL

Mailing Address 1060 EAST GENESEE ST

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement
TRAVEL-LODGING
Candidate Name

Category/ Type

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1132
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

144.25

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HERTZ-BUFFALO

Mailing Address 4193 GENESEE ST

City BUFFALO State NY Zip Code 14225

Purpose of Disbursement
TRAVEL
Candidate Name

Category/ Type

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1111
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

334.93

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HERTZ-BUFFALO

Mailing Address 4193 GENESEE ST

City BUFFALO State NY Zip Code 14225

Purpose of Disbursement
TRAVEL
Candidate Name

Category/ Type

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1128
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

172.88

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. HERTZ-BUFFALO

Full Name (Last, First, Middle Initial)
Mailing Address 4193 GENESEE ST

City BUFFALO State NY Zip Code 14225

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1260
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 200.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. HERTZ-LATHAM

Full Name (Last, First, Middle Initial)
Mailing Address 851 ALBANY SHAKER RD

City LATHAM State NY Zip Code 12210

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1264
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 77.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. HERTZ-NY90TH

Full Name (Last, First, Middle Initial)
Mailing Address 412 E 90TH ST

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1119
Date of Disbursement 05 / 24 / 2006

Amount of Each Disbursement this Period 442.13

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423099

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. HERTZ-ROCHESTER

Full Name (Last, First, Middle Initial)
HERTZ-ROCHESTER

Transaction ID: SB,1120
Date of Disbursement
05 / 24 / 2006

Mailing Address 1200 BROOKS AVENUE

Amount of Each Disbursement this Period
126.60

City ROCHESTER State NY Zip Code 14624

Purpose of Disbursement TRAVEL

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. HERTZ-SYRACUSE

Full Name (Last, First, Middle Initial)
HERTZ-SYRACUSE

Transaction ID: SB,1273
Date of Disbursement
05 / 26 / 2006

Mailing Address 100 COL EILEEN COLLONS BL #10

Amount of Each Disbursement this Period
267.84

City SYRACUSE State NY Zip Code 13212

Purpose of Disbursement TRAVEL

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. HERTZ-SYRACUSE

Full Name (Last, First, Middle Initial)
HERTZ-SYRACUSE

Transaction ID: SB,1275
Date of Disbursement
05 / 26 / 2006

Mailing Address 100 COL EILEEN COLLONS BL #10

Amount of Each Disbursement this Period
524.27

City SYRACUSE State NY Zip Code 13212

Purpose of Disbursement TRAVEL

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) _____ ▶

0.00

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

26020423100

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(a)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. HESS-SYRACUSE

Transaction ID: SB.1272
Date of Disbursement
05 / 26 / 2006

Mailing Address 400 ERIE BLVD E

City SYRACUSE State NY Zip Code 13202

Purpose of Disbursement TRAVEL

Candidate Name

Category/ Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
38.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HILTON GARDEN INN-EAST SYRACUSE

Transaction ID: SB.1109
Date of Disbursement
05 / 24 / 2006

Mailing Address 6004 FAIR LAKES ROAD

City EAST SYRACUSE State NY Zip Code 13057

Purpose of Disbursement TRAVEL

Candidate Name

Category/ Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
128.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HILTON GARDEN INN-EAST SYRACUSE

Transaction ID: SB.1110
Date of Disbursement
05 / 24 / 2006

Mailing Address 6004 FAIR LAKES ROAD

City EAST SYRACUSE State NY Zip Code 13057

Purpose of Disbursement TRAVEL

Candidate Name

Category/ Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
123.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423101

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-ITHACA

Mailing Address 130 EAST SENECA

City ITHACA State NY Zip Code 14850

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1116
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

188.37

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-ITHACA

Mailing Address 130 EAST SENECA

City ITHACA State NY Zip Code 14850

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1117
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

194.82

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

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-CHEEKTOWAGA

Mailing Address 4201 GENESSEE STREET

City BUFFALO State NY Zip Code 14225

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District: Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1134
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

171.95

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

26020423102

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-CHEEKTOWAGA

Transaction ID: SB.1135
Date of Disbursement
05 / 24 / 2006

Mailing Address 4201 GENESSEE STREET

City BUFFALO State NY Zip Code 14225

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Category/ Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
165.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-CHEEKTOWAGA

Transaction ID: SB.1135
Date of Disbursement
05 / 24 / 2006

Mailing Address 4201 GENESSEE STREET

City BUFFALO State NY Zip Code 14225

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Category/ Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
144.92

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HILTON GARDEN INN-HORSEHEAD

Transaction ID: SB.1292
Date of Disbursement
05 / 26 / 2006

Mailing Address 35 ARNOT RD

City HORSEHEAD State NY Zip Code 14845

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Category/ Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
144.48

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

20020423103

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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|--|------------------------------|------------------------------|------------------------------|
| <input 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 |

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. HILTON GARDEN INN-HORSEHEAD | | Transaction ID: SB.1293 | |
| Mailing Address 35 ARNOT RD | | Date of Disbursement 05 / 26 / 2006 | |
| City HORSEHEAD | State NY | Zip Code 14845 | Amount of Each Disbursement this Period 155.65 |
| Purpose of Disbursement TRAVEL-LODGING | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. HILTON GARDEN INN-HORSEHEAD | | Transaction ID: SB.1294 | |
| Mailing Address 35 ARNOT RD | | Date of Disbursement 05 / 26 / 2006 | |
| City HORSEHEAD | State NY | Zip Code 14845 | Amount of Each Disbursement this Period 153.89 |
| Purpose of Disbursement TRAVEL-LODGING | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. HILTON-ALBANY | | Transaction ID: SB.1300 | |
| Mailing Address 216 WOLF ROAD | | Date of Disbursement 05 / 26 / 2006 | |
| City ALBANY | State NY | Zip Code 12205 | Amount of Each Disbursement this Period 202.27 |
| Purpose of Disbursement TRAVEL-LODGING | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] | |
| State: District: | | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423104

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. HILTON-ALBANY

Full Name (Last, First, Middle Initial)
Mailing Address: 216 WOLF ROAD

City: ALBANY State: NY Zip Code: 12205

Purpose of Disbursement: TRAVEL-LODGING

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1301
Date of Disbursement: 05 / 28 / 2008

Amount of Each Disbursement this Period: 202.27

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. HMSHOST

Full Name (Last, First, Middle Initial)
Mailing Address: 6600 ROCKLEDGE DRIVE

City: BETHESDA State: MD Zip Code: 20817

Purpose of Disbursement: ADMINISTRATIVE FEE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1093
Date of Disbursement: 05 / 24 / 2008

Amount of Each Disbursement this Period: 7.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. HMSHOST

Full Name (Last, First, Middle Initial)
Mailing Address: 6600 ROCKLEDGE DRIVE

City: BETHESDA State: MD Zip Code: 20817

Purpose of Disbursement: ADMINISTRATIVE FEE

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1138
Date of Disbursement: 05 / 28 / 2008

Amount of Each Disbursement this Period: 7.23

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25020423105

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
HMSHOST

Transaction ID: SB.1201
Date of Disbursement
05 / 26 / 2008

Mailing Address 6600 ROCKLEDGE DRIVE

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Amount of Each Disbursement this Period
7.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)
HMSHOST

Transaction ID: SB.1202
Date of Disbursement
05 / 26 / 2008

Mailing Address 6600 ROCKLEDGE DRIVE

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Amount of Each Disbursement this Period
6.79

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)
HMSHOST

Transaction ID: SB.120B
Date of Disbursement
05 / 26 / 2008

Mailing Address 6600 ROCKLEDGE DRIVE

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Amount of Each Disbursement this Period
13.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423106

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. HOLY SHIRT INC

Mailing Address PO BOX 49

City SYRACUSE State NY Zip Code 13214

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1150

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

2250.00

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

B. HUNTER DELI

Mailing Address 966 LEXINGTON AVENUE

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1101

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

15.80

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

(MEMO ITEM)

Full Name (Last, First, Middle Initial)

C. HYATT - WASHINGTON DC

Mailing Address 1000 H STREET NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1240

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

426.58

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

(MEMO ITEM)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

25028425107

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. INTERNATIONAL EATERIES

Mailing Address 600 JOHNSON AVENUE

City BOHEMIA State NY Zip Code 11718

Purpose of Disbursement
FOOD/BEVERAGE
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1203
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

8.50

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. JELLY BELLY CANDY COMPANY

Mailing Address ONE JELLY BELLY LANE

City FAIRFIELD State CA Zip Code 94533

Purpose of Disbursement
COLLATERAL MATERIALS
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1149
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

240.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JET BLUE AIRWAYS

Mailing Address PO BOX 17435

City SALT LAKE CITY State UT Zip Code 84117

Purpose of Disbursement
ADMINISTRATIVE FEE
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1094
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

30.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. JET BLUE AIRWAYS

Full Name (Last, First, Middle Initial) _____
Mailing Address PO BOX 17435

City SALT LAKE CITY State UT Zip Code 84117

Purpose of Disbursement ADMINISTRATIVE FEE

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1095
Date of Disbursement: 05 / 24 / 2008

Amount of Each Disbursement this Period: 30.00

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

[MEMO ITEM]

B. JET BLUE AIRWAYS

Full Name (Last, First, Middle Initial) _____
Mailing Address PO BOX 17435

City SALT LAKE CITY State UT Zip Code 84117

Purpose of Disbursement TRAVEL

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1125
Date of Disbursement: 05 / 24 / 2008

Amount of Each Disbursement this Period: 891.30

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

[MEMO ITEM]

C. JET BLUE AIRWAYS

Full Name (Last, First, Middle Initial) _____
Mailing Address PO BOX 17435

City SALT LAKE CITY State UT Zip Code 84117

Purpose of Disbursement TRAVEL

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1299
Date of Disbursement: 05 / 26 / 2008

Amount of Each Disbursement this Period: 334.20

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) _____ ▶ 0.00

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

26020423109

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. Full Name (Last, First, Middle Initial)
JFK INTERNATIONAL AIRPORT

Transaction ID: SB.1104
Date of Disbursement
05 / 24 / 2006

Mailing Address JFK EXPRESSWAY

City JAMAICA State NY Zip Code 11430

Purpose of Disbursement PARKING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
78.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JONNY C'S NEW YAWK DELI

Transaction ID: SB.1097
Date of Disbursement
05 / 24 / 2006

Mailing Address 107 DELAWARE AVE

City BUFFALO State NY Zip Code 14202

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
6.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KATES PAPERIE

Transaction ID: SB.1214
Date of Disbursement
05 / 28 / 2006

Mailing Address 561 BROADWAY

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
86.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page (this line number only) 0.00

26020423110

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. KINNEY DRUGS | | Transaction ID: SB.1189 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 103 UTICA ST | | Amount of Each Disbursement this Period 26.93 |
| City HAMILTON State NY Zip Code 13348 | Purpose of Disbursement FOOD/BEVERAGE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. KWIK FILL-CANASTOTA | | Transaction ID: SB.1278 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 3347 SEMECA TPKE | | Amount of Each Disbursement this Period 39.00 |
| City CANASTOTA State NY Zip Code 13032 | Purpose of Disbursement TRAVEL | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MBNA PLATINUM PLUS | | Transaction ID: SB.1139 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 39.00 |
| City WILMINGTON State DE Zip Code 19886 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
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26020423111

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. MBNA PLATINUM PLUS | | Transaction ID: SB.1140 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 5.00 | |
| City WILMINGTON State DE Zip Code 19888 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. MBNA PLATINUM PLUS | | Transaction ID: SB.1141 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 5.00 | |
| City WILMINGTON State DE Zip Code 19888 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. MBNA PLATINUM PLUS | | Transaction ID: SB.1142 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 15.00 | |
| City WILMINGTON State DE Zip Code 19888 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
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26020423112

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MBNA PLATINUM PLUS | | Transaction ID: SB.1143 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 5.00 |
| City WILMINGTON | State DE | |
| Zip Code 19886 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MBNA PLATINUM PLUS | | Transaction ID: SB.1144 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 5.00 |
| City WILMINGTON | State DE | |
| Zip Code 19886 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MBNA PLATINUM PLUS | | Transaction ID: SB.1145 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address P.O. BOX 15469 | | Amount of Each Disbursement this Period 5.00 |
| City WILMINGTON | State DE | |
| Zip Code 19886 | Purpose of Disbursement BANK FEE | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

25020423113

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15469

City
WILMINGTON

State DE Zip Code 19886

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1306

Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City
NEW YORK

State NY Zip Code 10017

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1113

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

24.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City
NEW YORK

State NY Zip Code 10017

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1121

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

10.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1122
Date of Disbursement: 05 / 24 / 2006

Amount of Each Disbursement this Period: 3.75

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

[MEMO ITEM]

B. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1123
Date of Disbursement: 05 / 24 / 2006

Amount of Each Disbursement this Period: 20.00

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

[MEMO ITEM]

C. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1126
Date of Disbursement: 05 / 24 / 2006

Amount of Each Disbursement this Period: 20.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423115

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Transaction ID: SB.1130
Date of Disbursement
05 / 24 / 2006

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Amount of Each Disbursement this Period
5.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Transaction ID: SB.1238
Date of Disbursement
05 / 26 / 2006

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Amount of Each Disbursement this Period
40.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Transaction ID: SB.1263
Date of Disbursement
05 / 26 / 2006

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Amount of Each Disbursement this Period
20.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423116

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in full)
K T McFarland for Senate

A. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1266
Date of Disbursement: 05 / 26 / 2006

Amount of Each Disbursement this Period: 20.00

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

[MEMO ITEM]

B. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1267
Date of Disbursement: 05 / 26 / 2006

Amount of Each Disbursement this Period: 4.25

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

[MEMO ITEM]

C. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB.1268
Date of Disbursement: 05 / 26 / 2006

Amount of Each Disbursement this Period: 20.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423117

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Transaction ID: SB.1281
Date of Disbursement
05 / 26 / 2006

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Amount of Each Disbursement this Period
3.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Transaction ID: SB.1282
Date of Disbursement
05 / 26 / 2006

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Amount of Each Disbursement this Period
3.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. METROPOLITAN TRANSIT AUTHORITY

Full Name (Last, First, Middle Initial)
METROPOLITAN TRANSIT AUTHORITY

Transaction ID: SB.1283
Date of Disbursement
05 / 26 / 2006

Mailing Address 347 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement TRAVEL

Candidate Name

Amount of Each Disbursement this Period
178.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

20020423118

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. METROPOLITAN TRANSIT AUTHORITY | | Transaction ID: SB.1284 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 347 MADISON AVENUE | | Amount of Each Disbursement this Period 76.00 |
| City NEW YORK | State NY | Zip Code 10017 |
| Purpose of Disbursement TRAVEL | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Category/ Type |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. METROPOLITAN TRANSIT AUTHORITY | | Transaction ID: SB.1285 Date of Disbursement 05 / 26 / 2006 |
| Mailing Address 347 MADISON AVENUE | | Amount of Each Disbursement this Period 16.50 |
| City NEW YORK | State NY | Zip Code 10017 |
| Purpose of Disbursement TRAVEL | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Category/ Type |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MY DOGS ONLINE INC | | Transaction ID: SB.1315 Date of Disbursement 06 / 09 / 2006 |
| Mailing Address 9148 BONITA BEACH ROAD | | Amount of Each Disbursement this Period 284.70 |
| City BONITA SPRINGS | State FL | Zip Code 34135 |
| Purpose of Disbursement WEB SERVICES | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Category/ Type |
| State: District: | | |

| | |
|--|------|
| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

25020423119

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. NETWORK SOLUTIONS

Mailing Address 13861 SUNRISE VALLEY DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
WEB SERVICES
Candidate Name

Category/Type

Office Sought: House Senate President
State: District
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1304
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

34.99

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. NEW YORK DAILY NEWS

Mailing Address 125 THEODORE CONRAD DRIVE

City JERSEY CITY State NJ Zip Code 07305

Purpose of Disbursement
PUBLICATIONS
Candidate Name

Category/Type

Office Sought: House Senate President
State: District
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1231
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

25.74

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. NEW YORK DAILY NEWS

Mailing Address 125 THEODORE CONRAD DRIVE

City JERSEY CITY State NJ Zip Code 07305

Purpose of Disbursement
PUBLICATIONS
Candidate Name

Category/Type

Office Sought: House Senate President
State: District
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB.1232
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

19.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. NEW YORK POST

Full Name (Last, First, Middle Initial)
NEW YORK POST

Mailing Address 1211 AVENUE OF THE AMERICAS

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.1234
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 23.88

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

[MEMO ITEM]

B. NEW YORK TIMES

Full Name (Last, First, Middle Initial)
NEW YORK TIMES

Mailing Address 229 W 43RD ST

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.1233
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 19.40

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

[MEMO ITEM]

C. NEW YORK TIMES

Full Name (Last, First, Middle Initial)
NEW YORK TIMES

Mailing Address 229 W 43RD ST

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.1235
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 19.40

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423121

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. NEWSLIBRARY.COM

Mailing Address 397 MAIN STREET, PO BOX 1130

City CHESTER State VT Zip Code 15143

Purpose of Disbursement
PUBLICATION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1229

Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

78.95

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. NOCO EXPRESS-CHEEKTOWAGA

Mailing Address 4590 GENESEE ST

City CHEEKTOWAGA State NY Zip Code 14225

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1129

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

34.66

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PARNELLS RESTAURANT

Mailing Address 350 E 53RD ST

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1100

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

33.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. PIZZERIA UNO

Full Name (Last, First, Middle Initial)
Mailing Address 50 MASSACHUSETTS AVENUE NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1197
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 14.31

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

[MEMO ITEM]

B. RADIO SHACK-FOREST HILLS

Full Name (Last, First, Middle Initial)
Mailing Address 113-27 QUEENS BLVD

City FOREST HILLS State NY Zip Code 11375

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1103
Date of Disbursement 05 / 24 / 2006

Amount of Each Disbursement this Period 10.83

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

[MEMO ITEM]

C. ROSCOE DINER

Full Name (Last, First, Middle Initial)
Mailing Address 63C STEWART AVE

City ROSCOE State NY Zip Code 12776

Purpose of Disbursement FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1204
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 40.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423123

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. ROTTERDAM QUICKWAY

Full Name (Last, First, Middle Initial)
Mailing Address 1128 DUANESBURG RD

City SCHENECTADY State NY Zip Code 12308

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1277
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 43.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. SHERATON UNIVERSITY HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 801 UNIVERSITY AVENUE

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1298
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 207.27

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. SHERATON UNIVERSITY HOTEL

Full Name (Last, First, Middle Initial)
Mailing Address 801 UNIVERSITY AVENUE

City SYRACUSE State NY Zip Code 13210

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1299
Date of Disbursement 05 / 26 / 2008

Amount of Each Disbursement this Period 207.27

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

25029423124

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. SPALDING GROUP

Full Name (Last, First, Middle Initial)
SPALDING GROUP

Transaction ID: SB.1151
Date of Disbursement
05 / 26 / 2006

Mailing Address 2306 FRANKFORT AVENUE

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Amount of Each Disbursement this Period
1148.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. SPALDING GROUP

Full Name (Last, First, Middle Initial)
SPALDING GROUP

Transaction ID: SB.1307
Date of Disbursement
05 / 09 / 2006

Mailing Address 2306 FRANKFORT AVENUE

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Amount of Each Disbursement this Period
149.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. STAPLES

Full Name (Last, First, Middle Initial)
STAPLES

Transaction ID: SB.1208
Date of Disbursement
05 / 28 / 2006

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Amount of Each Disbursement this Period
200.49

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423125

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1209
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

428.17

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1210
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

246.01

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1211
Date of Disbursement

05 / 28 / 2006

Amount of Each Disbursement this Period

51.99

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

25020423126

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1212
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

-8.72

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1213
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

149.49

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1215
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

528.41

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1216
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

48.74

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1217
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

8.83

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1218
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

107.74

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: SB.1219
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

75.85

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: SB.1220
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

1028.06

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STAPLES

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/Type

Transaction ID: SB.1221
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

15.91

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1260 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1222
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

41.94

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STAPLES

Mailing Address 1260 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1312
Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

52.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STATE NEWS

Mailing Address 1243 3RD AVENUE

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
PUBLICATIONS

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1230
Date of Disbursement

05 / 28 / 2006

Amount of Each Disbursement this Period

17.12

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. SUNOCO-CLARKS SUMMIT

Full Name (Last, First, Middle Initial)
Mailing Address: 800 NORTHERN BLVD

City: CLARKS SUMMIT State: PA Zip Code: 18411

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1274
Date of Disbursement: 05 / 28 / 2006

Amount of Each Disbursement this Period: 30.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Category Type: _____

B. SUNOCO-RAMAPO

Full Name (Last, First, Middle Initial)
Mailing Address: 123 RAMAPO ROAD

City: GARNERVILLE State: NY Zip Code: 10823

Purpose of Disbursement: TRAVEL

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1124
Date of Disbursement: 05 / 24 / 2006

Amount of Each Disbursement this Period: 31.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Category Type: _____

C. SYRACUSE AIRPORT INN

Full Name (Last, First, Middle Initial)
Mailing Address: SYRACUSE HANCOCK INTL AIRPORT

City: N SYRACUSE State: NY Zip Code: 13212

Purpose of Disbursement: TRAVEL-LOGGING

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.1295
Date of Disbursement: 05 / 26 / 2006

Amount of Each Disbursement this Period: 95.17

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Category Type: _____

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423131

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (b1 Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. SYRACUSE AIRPORT INN

Mailing Address SYRACUSE HANCOCK INT'L AIRPORT

City N SYRACUSE State NY Zip Code 13212

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1296

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

78.31

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SYRACUSE AIRPORT INN

Mailing Address SYRACUSE HANCOCK INT'L AIRPORT

City N SYRACUSE State NY Zip Code 13212

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1297

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

86.47

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. THE OFFICE BUSINESS

Mailing Address 1019 INDUSTRIAL DRIVE

City WEST BERLIN State NJ Zip Code 08091

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1207

Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

29.37

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. THE WHITE INN

Mailing Address 52 EAST MAIN STREET

City FREDONIA State NY Zip Code 14063

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1102
Date of Disbursement
05 / 24 / 2008

Amount of Each Disbursement this Period
42.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. THE WHITE INN

Mailing Address 52 EAST MAIN STREET

City FREDONIA State NY Zip Code 14063

Purpose of Disbursement
TRAVEL-LODGING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1133
Date of Disbursement
05 / 24 / 2008

Amount of Each Disbursement this Period
374.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
ADMINISTRATIVE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1137
Date of Disbursement
05 / 26 / 2008

Amount of Each Disbursement this Period
10.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.63

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423133

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1243

Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

413.60

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1244

Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

413.60

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1247

Date of Disbursement

05 / 26 / 2008

Amount of Each Disbursement this Period

169.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

26020423134

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. US AIRWAYS | | Transaction ID: SB.1248 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 111 W. RIO SALADO PARKWAY | | Amount of Each Disbursement this Period 189.30 | |
| City TEMPE | State AZ | Zip Code 85281 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. US AIRWAYS | | Transaction ID: SB.1249 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 111 W. RIO SALADO PARKWAY | | Amount of Each Disbursement this Period 189.30 | |
| City TEMPE | State AZ | Zip Code 85281 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. US AIRWAYS | | Transaction ID: SB.1251 Date of Disbursement 05 / 26 / 2006 | |
| Mailing Address 111 W. RIO SALADO PARKWAY | | Amount of Each Disbursement this Period \$14.30 | |
| City TEMPE | State AZ | Zip Code 85281 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Purpose of Disbursement TRAVEL | | Category/Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | |

26020423135

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Transaction ID: SB.1252
Date of Disbursement
05 / 26 / 2006

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
314.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Transaction ID: SB.1253
Date of Disbursement
05 / 26 / 2006

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. US AIRWAYS

Full Name (Last, First, Middle Initial)
US AIRWAYS

Transaction ID: SB.1254
Date of Disbursement
05 / 26 / 2006

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
149.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423136

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1255
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

298.60

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

[MEMO ITEM]

B. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1256
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

148.30

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

[MEMO ITEM]

C. US AIRWAYS

Mailing Address 111 W. RIO SALADO PARKWAY

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1257
Date of Disbursement

05 / 26 / 2006

Amount of Each Disbursement this Period

149.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

26020423137

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. USPS-10021

Full Name (Last, First, Middle Initial)
USPS-10021

Mailing Address 217 E 70TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB.1227
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 390.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. USPS-GLYNN

Full Name (Last, First, Middle Initial)
USPS-GLYNN

Mailing Address 217 E 70TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB.1223
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 390.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. USPS-GLYNN

Full Name (Last, First, Middle Initial)
USPS-GLYNN

Mailing Address 217 E 70TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District

Transaction ID: SB.1224
Date of Disbursement 05 / 26 / 2006

Amount of Each Disbursement this Period 978.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423138

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. USPS-GLYNN

Full Name (Last, First, Middle Initial)
USPS-GLYNN

Mailing Address 217 E 70TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1225
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
39.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. USPS-GLYNN

Full Name (Last, First, Middle Initial)
USPS-GLYNN

Mailing Address 217 E 70TH ST

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1226
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
78.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. WAL MART-BATAVIA

Full Name (Last, First, Middle Initial)
WAL MART-BATAVIA

Mailing Address 4133 VETERANS MEMORIAL DRIVE

City BATAVIA State NY Zip Code 14020

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.1147
Date of Disbursement
05 / 26 / 2006

Amount of Each Disbursement this Period
564.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

26020423139

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. WAYPORT

Mailing Address 4509 FREIDRICH LANE BUILDING III S

City AUSTIN State TX Zip Code 78744

Purpose of Disbursement
WEB SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1305

Date of Disbursement

05 / 28 / 2006

Amount of Each Disbursement this Period

38.85

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15468

City WILMINGTON State DE Zip Code 19888

Purpose of Disbursement
CREDIT CARD PAYMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1323

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

2890.49

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

Full Name (Last, First, Middle Initial)

C. COMPUSIGNS PLUS INC

Mailing Address 1598 3RD AVENUE

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1320

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

90.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2890.49

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. HOLY SHIRT INC

Mailing Address PO BOX 49

City
SYRACUSE

State
NY

Zip Code
13214

Purpose of Disbursement
COLLATERAL MATERIALS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1321

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

435.40

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15469

City
WILMINGTON

State
DE

Zip Code
19886

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1316

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MBNA PLATINUM PLUS

Mailing Address P.O. BOX 15469

City
WILMINGTON

State
DE

Zip Code
19886

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1317

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

3.06

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. NEWSLIBRARY.COM

Full Name (Last, First, Middle Initial)
NEWSLIBRARY.COM

Transaction ID: SB.1325
Date of Disbursement
06 / 21 / 2006

Mailing Address 397 MAIN STREET, PO BOX 1130

City CHESTER State VT Zip Code 15143

Purpose of Disbursement PUBLICATION

Candidate Name

Amount of Each Disbursement this Period
2.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B. RAPID DONATION TWO

Full Name (Last, First, Middle Initial)
RAPID DONATION TWO

Transaction ID: SB.1322
Date of Disbursement
06 / 21 / 2006

Mailing Address 118 N. ST ASAPH

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CREDIT CARD MERCHANT FEE

Candidate Name

Amount of Each Disbursement this Period
1107.25

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. SPALDING GROUP

Full Name (Last, First, Middle Initial)
SPALDING GROUP

Transaction ID: SB.1318
Date of Disbursement
06 / 21 / 2006

Mailing Address 2306 FRANKFORT AVENUE

City LOUISVILLE State KY Zip Code 40206

Purpose of Disbursement COLLATERAL MATERIALS

Candidate Name

Amount of Each Disbursement this Period
214.73

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

25020423142

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. STAPLES

Transaction ID: SB.1324

Date of Disbursement

06 / 21 / 2006

Mailing Address 1280 LEXINGTON AVE

City NEW YORK State NY Zip Code 10028

Amount of Each Disbursement this Period

200.15

Purpose of Disbursement
OFFICE SUPPLIES

Category/
Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. THE NAME TAG SOURCE

Transaction ID: SB.1319

Date of Disbursement

06 / 21 / 2006

Mailing Address 280 WEST 900 NORTH

City SPRINGVILLE State UT Zip Code 84663

Amount of Each Disbursement this Period

170.44

Purpose of Disbursement
COLLATERAL MATERIALS

Category/
Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WAYPORT

Transaction ID: SB.1329

Date of Disbursement

06 / 21 / 2006

Mailing Address 4509 FREIDRICH LANE BUILDING III S

City AUSTIN State TX Zip Code 78744

Amount of Each Disbursement this Period

36.85

Purpose of Disbursement
WEB SERVICES

Category/
Type

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

[MEMO ITEM]

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

26020423143

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. WAYPORT

Mailing Address 4509 FREIDRICH LANE BUILDING III S

City State Zip Code
AUSTIN TX 78744

Purpose of Disbursement
WEB SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1330
Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

25.90

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WAYPORT

Mailing Address 4509 FREIDRICH LANE BUILDING III S

City State Zip Code
AUSTIN TX 78744

Purpose of Disbursement
WEB SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1331
Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

25.90

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

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WAYPORT

Mailing Address 4509 FREIDRICH LANE BUILDING III S

City State Zip Code
AUSTIN TX 78744

Purpose of Disbursement
WEB SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.1332
Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

25.90

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. WAYPORT

Full Name (Last, First, Middle Initial)
WAYPORT

Transaction ID: SB.1333
Date of Disbursement
06 / 21 / 2006

Mailing Address 4509 FREIDRICH LANE BUILDING 111 S

City AUSTIN State TX Zip Code 78744

Purpose of Disbursement WEB SERVICES

Candidate Name

Category Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
25.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. WINGATE INN

Full Name (Last, First, Middle Initial)
WINGATE INN

Transaction ID: SB.1328
Date of Disbursement
06 / 21 / 2006

Mailing Address 821 STEWART AVENUE

City GARDEN CITY State NY Zip Code 11530

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Category Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
173.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. WINGATE INN

Full Name (Last, First, Middle Initial)
WINGATE INN

Transaction ID: SB.1327
Date of Disbursement
06 / 21 / 2006

Mailing Address 821 STEWART AVENUE

City GARDEN CITY State NY Zip Code 11530

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Category Type

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
173.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

26020423145

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. WINGATE INN

Full Name (Last, First, Middle Initial)
WINGATE INN

Transaction ID: SB.1328
Date of Disbursement
06 / 21 / 2006

Mailing Address 821 STEWART AVENUE

City GARDEN CITY State NY Zip Code 11530

Purpose of Disbursement TRAVEL-LODGING

Candidate Name

Amount of Each Disbursement this Period
173.02

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

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B. NEW YORK DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)
NEW YORK DEPARTMENT OF REVENUE

Transaction ID: SB.64
Date of Disbursement
05 / 10 / 2006

Mailing Address DEPT OF TAXATION AND FINANCE

City ALBANY State NY Zip Code 12227

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Amount of Each Disbursement this Period
840.48

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

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. NEW YORK DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)
NEW YORK DEPARTMENT OF REVENUE

Transaction ID: SB.65
Date of Disbursement
05 / 10 / 2006

Mailing Address DEPT OF TAXATION AND FINANCE

City ALBANY State NY Zip Code 12227

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Amount of Each Disbursement this Period
4191.56

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

Office Sought: House Senate President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 5032.04

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

26020423145

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

A. NEW YORK DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)
NEW YORK DEPARTMENT OF REVENUE

Mailing Address DEPT OF TAXATION AND FINANCE

City ALBANY State NY Zip Code 12227

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.67
Date of Disbursement 05 / 18 / 2006

Amount of Each Disbursement this Period 1155.82

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

B. NEW YORK DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)
NEW YORK DEPARTMENT OF REVENUE

Mailing Address DEPT OF TAXATION AND FINANCE

City ALBANY State NY Zip Code 12227

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.69
Date of Disbursement 05 / 18 / 2006

Amount of Each Disbursement this Period 75.15

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

C. NEW YORK DEPARTMENT OF REVENUE

Full Name (Last, First, Middle Initial)
NEW YORK DEPARTMENT OF REVENUE

Mailing Address DEPT OF TAXATION AND FINANCE

City ALBANY State NY Zip Code 12227

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District

Transaction ID: SB.72
Date of Disbursement 06 / 06 / 2006

Amount of Each Disbursement this Period 1155.82

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

SUBTOTAL of Disbursements This Page (optional) 2386.79

TOTAL This Period (last page this line number only)

250204231A7

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. NEW YORK DEPARTMENT OF REVENUE

Transaction ID: SB.73
Date of Disbursement

Mailing Address DEPT OF TAXATION AND FINANCE

MM / DD / YYYY
06 / 06 / 2006

City State Zip Code
ALBANY NY 12227

Amount of Each Disbursement this Period

75.15

Purpose of Disbursement
PAYROLL TAXES

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
B. NEW YORK DEPARTMENT OF REVENUE

Transaction ID: SB.74
Date of Disbursement

Mailing Address DEPT OF TAXATION AND FINANCE

MM / DD / YYYY
06 / 23 / 2006

City State Zip Code
ALBANY NY 12227

Amount of Each Disbursement this Period

122.35

Purpose of Disbursement
PAYROLL TAXES

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
C. NEW YORK DEPARTMENT OF REVENUE

Transaction ID: SB.75
Date of Disbursement

Mailing Address DEPT OF TAXATION AND FINANCE

MM / DD / YYYY
06 / 23 / 2006

City State Zip Code
ALBANY NY 12227

Amount of Each Disbursement this Period

73.86

Purpose of Disbursement
PAYROLL TAXES

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

271.36

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. NEW YORK STATE INSURANCE FUND

Mailing Address PO BOX 4788

City SYRACUSE State NY Zip Code 13221

Purpose of Disbursement
INSURANCE PREMIUM

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB,36
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

664.58

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

Full Name (Last, First, Middle Initial)

B. NOVA INFORMATION SYSTEMS

Mailing Address 7300 CHAPMAN HWY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB,2002
Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

449.89

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

Full Name (Last, First, Middle Initial)

C. NY STATE GOP

Mailing Address 315 STATE STREET

City ALBANY State NY Zip Code 12210

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB,04
Date of Disbursement

06 / 09 / 2006

Amount of Each Disbursement this Period

1050.00

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

SUBTOTAL of Disbursements This Page (optional)

2164.47

TOTAL This Period (last page this line number only)

25020423149

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)
A. NY YOUNG REPUBLICAN CLUB, INC

Mailing Address P.O. BOX 4811

City NEW YORK State NY Zip Code 10185

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.88

Date of Disbursement

04 / 24 / 2006

Amount of Each Disbursement this Period

150.00

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

Full Name (Last, First, Middle Initial)
B. O'REILLY STRATEGIC COMMUNICATIONS, LLC

Mailing Address THE CHANIN BUILDING, 380 LEXINGTON

City NEW YORK State NY Zip Code 10168

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.11

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

10526.31

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

Full Name (Last, First, Middle Initial)
C. O'REILLY STRATEGIC COMMUNICATIONS, LLC

Mailing Address THE CHANIN BUILDING, 380 LEXINGTON

City NEW YORK State NY Zip Code 10168

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB.12

Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

10033.19

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

SUBTOTAL of Disbursements This Page (optional) ▶

20709.50

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)

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. POLITICSNY.NET INC.

Full Name (Last, First, Middle Initial)
POLITICSNY.NET INC.

Mailing Address: BOX 391

City: BUFFALO State: NY Zip Code: 14209

Purpose of Disbursement: WEB SERVICES

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.101
Date of Disbursement: 04 / 21 / 2006

Amount of Each Disbursement this Period: 7500.00

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

B. THE VICTORY GROUP

Full Name (Last, First, Middle Initial)
THE VICTORY GROUP

Mailing Address: 1220 HILLSHIRE ROAD

City: BALTIMORE State: MD Zip Code: 21222

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.40
Date of Disbursement: 04 / 13 / 2006

Amount of Each Disbursement this Period: 6750.00

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

C. THE VICTORY GROUP

Full Name (Last, First, Middle Initial)
THE VICTORY GROUP

Mailing Address: 1220 HILLSHIRE ROAD

City: BALTIMORE State: MD Zip Code: 21222

Purpose of Disbursement: MEDIA CONSULTING

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: _____ District: _____

Transaction ID: SB.41
Date of Disbursement: 05 / 15 / 2006

Amount of Each Disbursement this Period: 6750.00

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

SUBTOTAL of Disbursements This Page (optional) 21000.00

TOTAL This Period (last page this line number only)

20020423151

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. THE VICTORY GROUP

Mailing Address 1220 HILLSHIRE ROAD

City Baltimore State MD Zip Code 21222

Purpose of Disbursement
MEDIA/MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. THE WISH LIST

Mailing Address 333 NORTH FAIRFAX STREET
SUITE 302

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
IN KIND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. TIOGA COUNTY REPUBLICAN COMMITTEE

Mailing Address 16 PARK STREET

City SPENCER State NY Zip Code 14886

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.42

Date of Disbursement

05 / 25 / 2006

Amount of Each Disbursement this Period

30000.00

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

Transaction ID: SB.2006

Date of Disbursement

08 / 27 / 2006

Amount of Each Disbursement this Period

31.20

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

IN KIND - EMAIL COMMUNICA-
TION

Transaction ID: SB.39

Date of Disbursement

05 / 03 / 2006

Amount of Each Disbursement this Period

75.00

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

SUBTOTAL of Disbursements This Page (optional)

30106.20

TOTAL This Period (last page this line number only)

26020423152

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
K T McFarland for Senate

Full Name (Last, First, Middle Initial)

A. UNION CLUB

Mailing Address 101 E 89TH STREET

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.28
Date of Disbursement

08 / 09 / 2006

Amount of Each Disbursement this Period

1273.74

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

Full Name (Last, First, Middle Initial)

B. WESTCHESTER COUNTY GOP WOMEN

Mailing Address 17 WITHINGTON RD

City SCARSDALE State NY Zip Code 10583

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.92
Date of Disbursement

05 / 24 / 2006

Amount of Each Disbursement this Period

400.00

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

Full Name (Last, First, Middle Initial)

C. WESTCONS PAC

Mailing Address 510 MIDLAND AVENUE

City YONKERS State NY Zip Code 10704

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB.90
Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

300.00

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

SUBTOTAL of Disbursements This Page (optional)

1973.74

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. YONKERS GOP CITY CMTE.

Full Name (Last, First, Middle Initial)
YONKERS GOP CITY CMTE.

Transaction ID: SB.89
Date of Disbursement
05 / 27 / 2006

Mailing Address 134 ALDER STREET

City YONKERS State NY Zip Code 10705

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Amount of Each Disbursement this Period
300.00

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

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/Type

B. 21ST CENTURY FREEDOM PAC

Full Name (Last, First, Middle Initial)
21ST CENTURY FREEDOM PAC

Transaction ID: SB.89
Date of Disbursement
04 / 24 / 2006

Mailing Address 228 SOUTH WASHINGTON ST, SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
REGISTRATION FEE

Candidate Name

Amount of Each Disbursement this Period
500.00

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

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶ 454600.84

25020423154

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. MRS. DANIELLE GANEK

Full Name (Last, First, Middle Initial)
MRS. DANIELLE GANEK

Transaction ID: SB.107
Date of Disbursement
04 / 26 / 2006

Mailing Address M&K, ATTN: ROSANNE MILIORINO, 655

City NEW YORK State NY Zip Code 10017

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Amount of Each Disbursement this Period
2100.00

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

B. MR. GARY ISRAEL

Full Name (Last, First, Middle Initial)
MR. GARY ISRAEL

Transaction ID: SB.109
Date of Disbursement
04 / 26 / 2006

Mailing Address ONE EAST END AVENUE, APT. 6

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Amount of Each Disbursement this Period
1000.00

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C. MR. THEODORE ROGERS

Full Name (Last, First, Middle Initial)
MR. THEODORE ROGERS

Transaction ID: SB.106
Date of Disbursement
04 / 26 / 2006

Mailing Address 125 BROAD STREET

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Amount of Each Disbursement this Period
3000.00

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

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 6100.00

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

26020423155

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
K T McFarland for Senate

A. MR. STEVEN ROTH

Full Name (Last, First, Middle Initial)
MR. STEVEN ROTH

Transaction ID: SB.108
Date of Disbursement
04 / 26 / 2006

Mailing Address 770 PARK AVENUE, APT. 17A

Amount of Each Disbursement this Period
2100.00

City NEW YORK State NY Zip Code 10021

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

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

B. MARY C. TYDINGS

Full Name (Last, First, Middle Initial)
MARY C. TYDINGS

Transaction ID: SB.105
Date of Disbursement
04 / 26 / 2006

Mailing Address 701 PENNSYLVANIA AVENUE NW

Amount of Each Disbursement this Period
4200.00

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

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

C. ANN MADONIA ANTIQUES, LTD.

Full Name (Last, First, Middle Initial)
ANN MADONIA ANTIQUES, LTD.

Transaction ID: SB.104
Date of Disbursement
05 / 04 / 2006

Mailing Address 182 - 7TH ST.

Amount of Each Disbursement this Period
2000.00

City GARDEN CITY State NJ Zip Code 11530

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

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

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 8300.00 |
| TOTAL This Period (last page this line number only) | 14400.00 |

26020423156

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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07-15-06

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

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OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

07-15-06

26020423157

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