

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NEW YORK STATE NARAL INC WOMEN'S HEALTH POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF HILLARY</b>		<b>Transaction ID: SB23.4111</b> Date of Disbursement
Mailing Address 1717 K STREET NW SUITE 309A		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name FRIENDS OF HILLARY		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 00	

Full Name (Last, First, Middle Initial) <b>B. GILLIBRAND FOR CONGRESS</b>		<b>Transaction ID: SB23.4109</b> Date of Disbursement
Mailing Address P.O. Box 1279		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Hudson	State NY	Zip Code 12534
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name GILLIBRAND FOR CONGRESS		Category/ Type
Office Sought: <input checked="" 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: NY	District: 20	

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

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