

**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 PAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF CAROLYN MCCARTHY

Transaction ID: SB23.4172

Date of Disbursement

Mailing Address 151 Linden Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

City Mineola State NY Zip Code 11501

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

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Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
