

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

MCNULTY FOR CONGRESS

ADDRESS (number and street) P.O. Box 1560

Check if different than previously reported. (ACC)

Green Island NY 12183

2. **FEC IDENTIFICATION NUMBER** C00230417

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

NY

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 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John McNulty

Signature of Treasurer Electronically Filed by John McNulty Date 01 26 2007

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MCNULTY FOR CONGRESS

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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)).....	50.00	100.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50.00	100.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37727.55	38193.17
(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)).....	37727.55	38193.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	225843.55	
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).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
MCNULTY FOR CONGRESS

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

0.00

0.00

(ii) Unitemized.....

50.00

100.00

(iii) TOTAL of contributions

50.00

100.00

from individuals..... ▶

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

50.00

100.00

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

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

0.00

0.00

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

1081.57

1083.66

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

1131.57

1183.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37727.55	38193.17
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.....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	4440.00	4785.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	42167.55	42978.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	266879.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1131.57
25. SUBTOTAL (add Line 23 and Line 24).....	268011.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42167.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	225843.55

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

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

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pioneer Savings Bank

Mailing Address 148 George Street

City State Zip Code
Green Island NY 12183

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
529.00

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

Transaction ID: A4F4B22313052441899A

Amount of Each Receipt this Period
529.00

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

B. Full Name (Last, First, Middle Initial)
Pioneer Savings Bank

Mailing Address 148 George Street

City State Zip Code
Green Island NY 12183

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1077.10

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

Transaction ID: A2EA7BF9FD89B4D63AD1

Amount of Each Receipt this Period
548.10

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

SUBTOTAL of Receipts This Page (optional)	1077.10
TOTAL This Period (last page this line number only)	1077.10

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Alchar Printing		Transaction ID: B82003E8B72DB476395A Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 264.60
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement swearing-in invites		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. Alchar Printing		Transaction ID: BBF91A69F7C4F452391F Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 638.28
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Thank You Cards		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. Alchar Printing		Transaction ID: BB4C97B646F0841758E6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 1885.68
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Holiday Cards		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) ▶	2788.56
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 7 / 12

<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)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: B7D96A863D3034E50889
Mailing Address P.O. Box 360001		Date of Disbursement 12 / 01 / 2006
City Fort Lauderdale	State FL	Zip Code 33336-0001
Purpose of Disbursement Credit Card: See Below	Category/ Type	Amount of Each Disbursement this Period 3182.18
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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. Democratic Congressional Campaign Comm.		Transaction ID: BC271694C076D4A4F8A3
Mailing Address 430 South Capitol St.		Date of Disbursement 12 / 11 / 2006
City Washington	State DC	Zip Code 20003
Purpose of Disbursement unlimited transfer to nat'l party	Category/ Type	Amount of Each Disbursement this Period 25000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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. Gramercy Communications		Transaction ID: B13B974C705BE4FF99E1
Mailing Address 119 Winthrop Avenue		Date of Disbursement 12 / 19 / 2006
City Albany	State NY	Zip Code 12203
Purpose of Disbursement consulting fees	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)

30182.18

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)

<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)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Democratic Club		Transaction ID: BE5440BA898CE43648E0 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 30 Ivy St., S.E.		Amount of Each Disbursement this Period 994.52
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Annual Dues/mtgs. Candidate Name	Category/Type	
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. Postmaster		Transaction ID: B39F82ECD7E5C4F88BE9 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 400 Broadway		Amount of Each Disbursement this Period 57.60
City Troy State NY Zip Code 12180-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement express mail acct. Candidate Name	Category/Type	
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. Postmaster		Transaction ID: B8A2FBE05FFA64532BCF Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 400 Broadway		Amount of Each Disbursement this Period 280.41
City Troy State NY Zip Code 12180-9998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage/TY mailing Candidate Name	Category/Type	
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) ▶	1332.53
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Times Union		Transaction ID: B2EEC0FDDAD764C5886C Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address NEWS PLAZA Box 15000		Amount of Each Disbursement this Period 360.00
City Albany State NY Zip Code 12212	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 1 yr.renewal-subscription Candidate Name		Category/ Type
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. Troy Area United Ministries (TAUM)		Transaction ID: BED88FE2BA9284B6D93B Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 392 Second Street		Amount of Each Disbursement this Period 250.00
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sponsor 1/15/07 event Candidate Name		Category/ Type
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. U.S. Postmaster		Transaction ID: B6991D180480C40B18E4 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 137 George St.		Amount of Each Disbursement this Period 1151.61
City Green Island State NY Zip Code 12183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement postage/holiday mailing Candidate Name		Category/ Type
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) ▶	1761.61
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 10 / 12

<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)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways.com		Transaction ID: B174E8825FA4B4F6D9CF Date of Disbursement 11 / 17 / 2006
Mailing Address INTERNET SITE		Amount of Each Disbursement this Period 2821.40
City Pittsburgh State PA Zip Code 15264-1170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Travel/Congressional Ceremony Candidate Name	Category/Type	[MEMO ITEM]
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. Verizon		Transaction ID: BDFC47EB5294F4156942 Date of Disbursement 11 / 28 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 65.71
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges Candidate Name	Category/Type	[MEMO ITEM]
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. Verizon		Transaction ID: BE4C9410D14C94E6A8DA Date of Disbursement 11 / 28 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 124.89
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cellular charges Candidate Name	Category/Type	[MEMO ITEM]
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) ▶	190.60
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 11 / 12

<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)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: B22C0D14A8465460D926 Date of Disbursement 11 / 29 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 75.91
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges Candidate Name	Category/ Type	
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. Verizon		Transaction ID: BF392FE1DB36E439F814 Date of Disbursement 12 / 15 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 60.02
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges Candidate Name	Category/ Type	
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. Michael J. Sullivan		Transaction ID: B357A453222A94677BE1 Date of Disbursement 11 / 28 / 2006
Mailing Address 30 Pawling Avenue		Amount of Each Disbursement this Period 431.04
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign photos Candidate Name	Category/ Type	
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)	566.97
TOTAL This Period (last page this line number only)	36822.45

**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 12 / 12

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Ciro Rodriguez for Congress</p>		<p>Transaction ID: BF13EB9B67E9444BAB3E Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	9	/	2	0	0	6													
<p>Mailing Address 246 West Harding Blvd.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	2000.00																			
2000.00																						
<p>City San Antonio State TX Zip Code 78221</p>	<p>Purpose of Disbursement 23rd C.D. TX</p>																					
<p>Candidate Name</p>	<p>Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>B. Full Name (Last, First, Middle Initial) Friends of Mayor Jennings</p>		<p>Transaction ID: B67BB6EA6ABBE4CD2887 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	8	/	2	0	0	6													
<p>Mailing Address P.O. Box 7103</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	1000.00																			
1000.00																						
<p>City Albany State NY Zip Code 12224</p>	<p>Purpose of Disbursement tickets 12/18/06</p>																					
<p>Candidate Name</p>	<p>Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>C. Full Name (Last, First, Middle Initial) Independence Party of New York</p>		<p>Transaction ID: B1D1F40185872417CB81 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	5	/	2	0	0	6													
<p>Mailing Address P.O. Box 871</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	250.00																			
250.00																						
<p>City Lindenhurst State NY Zip Code 11575</p>	<p>Purpose of Disbursement ticket 1/16/07 event</p>																					
<p>Candidate Name</p>	<p>Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>3250.00</p>