

REPORT OF RECEIPTS AND DISBURSEMENTS RECEIVED

For An Authorized Committee
(Summary Page)

FEC MAIL ROOM

2000 AUG 29 A 11:27

1. NAME OF COMMITTEE (in full)

McNulty For Congress

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 1560

2. FEC IDENTIFICATION NUMBER
C00230417

CITY, STATE and ZIP CODE STATE/DISTRICT
Green Island, NY 12183

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding Primary (Type of Election)
election on 09/12/2000 in the State of NY
- Thirtieth day report following the General Election on _____ in the State of _____
- Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>07/01/2000</u> through <u>08/23/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$19785.00	\$116560.00
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$19785.00	\$116560.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$8455.95	\$64878.11
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$8455.95	\$64878.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$342318.53	
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:
Federal Election Commission
888 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3420

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 J. McNulty III
Signature of Treasurer: [Signature] Date: August 29, 2000

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

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) McNulty For Congress	Report Covering the Period: From: 07/01/2000 To: 08/23/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$7010.00	
(ii) Unitemized	\$726.00	
(iii) Total of contributions from individual	\$7736.00	\$46380.00
(b) Political Party Committees	\$50.00	\$2950.00
(c) Other Political Committees (such as PACs)	\$12000.00	\$67260.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(i), (b), (c) and (d))	\$19786.00	\$116590.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$2482.00	\$9481.87
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)	\$22247.00	\$128041.87
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$8455.99	\$84878.11
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 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 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$7740.00	\$24723.90
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$18195.99	\$89602.01
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$336288.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$22247.00
25. SUBTOTAL (add Line 23 and Line 24)		\$358535.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$18195.99
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$340339.53

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
McNulty For Congress

<p>A. Full Name, Mailing Address and Zip Code Norman Bevan 2777 Allen Parkway, Suite 1122 Houston, TX 77019-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer First Financial Resources</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>B. Full Name, Mailing Address and Zip Code Debra Franklin 95 Christopher Street New York, NY 10014-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Marcum & Kliegman, LLP</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 06/12/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Gene Gilmore P.O. Box 295 Grand Rapids, MI 49501-0295</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Northwestern Mutual Life</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>D. Full Name, Mailing Address and Zip Code Hayes Holderness 1612 Saint Andrews Rd. Greensboro, NC 27408-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer The Todd Organization</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/12/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code John Lagana 2100 Riveredge Parkway, Suite 200 Atlanta, GA 30328-4656</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Nease, Lagana, Edens & Culley, Inc.</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>F. Full Name, Mailing Address and Zip Code Tricia Pilone 5 Cooper Run Drive Cherry Hill, NJ 08003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CPI Companies</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code D. Ward Russell, III P.O. Box 4008 Greensboro, NC 27404-4008</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer The Todd Organization</p> <p>Occupation Senior Vice President</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/12/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
McNulty For Congress

<p>A. Full Name, Mailing Address and Zip Code Richard Snipes, Jr. 227 West Trade St., Suite 1550 Charlotte, NC 28202-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Harry, Evans, Josephs & Snipe s Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$560.00</p>	<p>Date (month, day, year) 08/11/200</p>	<p>Amount of Each Receipt this Period \$560.00</p>
<p>B. Full Name, Mailing Address and Zip Code R. David Sprinkle P.O. Box 4008 Greensboro, NC 27404-4008</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer The Todd Organization Occupation Insurance</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/12/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ron Susman 513 Centennial Blvd. Voorhees, NJ 08043-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CPI Companies Occupation Pres. and CEO</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Roger B. Sutton P.O. Box 4008 Greensboro, NC 27404-4008</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer The Todd Organization Occupation Senior Vice President</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/12/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Candace Weir 414 Loudonville Road Loudonville, NY 12211-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CL King & Associates, Inc Occupation President</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/08/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3810.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$7010.00</p>

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code Lynne Mahoney For County Legislature 2707 15th Street Troy, NY 12180- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 08/09/200	Amount of Each Receipt this Period \$50.00
B. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$50.00
TOTAL This Period (last page this line number only)	\$50.00

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
McNulty For Congress

<p>A. Full Name, Mailing Address and Zip Code Wine & Spirits Wholesalers of America 1023 Fifteenth St., N.W. Suite 400 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code National Association of Insurance and Financial Advisors PAC 1922 F. St., N.W. Washington, DC 20006-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$3000.00</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Receipt this Period \$3000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Bricklayers & Allied Craftworkers Local Union No. 2 302 Centre Drive Albany, NY 12203-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Amalgamated Transit Union Cope Acct. 5025 Wisconsin Ave., N.W. Washington, DC 20016-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Unite Campaign Committee 1710 Broadway New York, NY 10019-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/09/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code National Rural Letter Carriers' Association PAC 1830 Duke St., 4th Floor Alexandria, VA 22314-3465</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code NABFAC c/o Nabisco, Inc 7 Campus Drive Paterson, NJ 07054-0311</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/10/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$8500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code MONY Life Insurance Co. PAC 1740 Broadway New York, NY 10019- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 08/14/200	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Investment Management PAC of the Investment Company Institute 1401 H Street, NW Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 08/10/200	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code J.P. Morgan & Co. Incorporated PAC 60 Wall Street New York, NY 10260-0060 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 08/10/200	Amount of Each Receipt this Period \$1500.00
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$3500.00
TOTAL This Period (last page this line number only)	\$12000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HSBC 148 George St. Green Island, NY 12183-	BANK INTEREST	08/23/200	\$2462.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$9481.67
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	

SUBTOTAL of Receipts This Page (optional)	\$2462.00
TOTAL This Period (last page this line number only)	\$2462.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
McNulty For Congress

<p>A. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812</p>	<p>Purpose of Disbursement Campaign Strategy Meetings Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Disbursement This Period \$446.62</p>
<p>B. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812</p>	<p>Purpose of Disbursement Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 07/12/200</p>	<p>Amount of Each Disbursement This Period \$917.68</p>
<p>C. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812</p>	<p>Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/23/200</p>	<p>Amount of Each Disbursement This Period \$59.38</p>
<p>D. Full Name, Mailing Address and Zip Code U.S. Postmaster 137 George St. Green Island, NY 12183-</p>	<p>Purpose of Disbursement Express Mail Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Disbursement This Period \$28.50</p>
<p>E. Full Name, Mailing Address and Zip Code U.S. Postmaster 137 George St. Green Island, NY 12183-</p>	<p>Purpose of Disbursement P.O. Box Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Disbursement This Period \$194.00</p>
<p>F. Full Name, Mailing Address and Zip Code Verizon (formerly Bell Atlantic) PO Box 1100 Albany, NY 12250-0001</p>	<p>Purpose of Disbursement Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 08/15/200</p>	<p>Amount of Each Disbursement This Period \$160.33</p>
<p>G. Full Name, Mailing Address and Zip Code Verizon (formerly Bell Atlantic) PO Box 1100 Albany, NY 12250-0001</p>	<p>Purpose of Disbursement Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Date (month, day, year) 07/12/200</p>	<p>Amount of Each Disbursement This Period \$129.79</p>

SUBTOTAL of Disbursements This Page (optional)

\$1936.30

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Verizon (formerly Bell Atlantic) PO Box 1100 Albany, NY 12250-0001	Cellular Phone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$85.05
Verizon (formerly Bell Atlantic) PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/200	\$90.77
Falthousen's Florist & Greenhouse 250 Columbia St. Cohoes, NY 12041-	Sympathy Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/200	\$40.50
Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/200	\$83.90
Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/23/200	\$130.35
Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$41.95
MBNA America P.O. Box 15019 Wilmington, DE 19886-5019	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/25/200	\$38.71

SUBTOTAL of Disbursements This Page (optional)	\$511.23
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MBNA America P.O. Box 15019 Wilmington, DE 19886-5019	Campaign Strategy Meetings Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/18/200	\$953.92
B. Full Name, Mailing Address and Zip Code Alchar Printing 602 Pawling Ave. Troy, NY 12180-	Purpose of Disbursement Printing-Invitations/Envelopes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/15/200	\$255.42
C. Full Name, Mailing Address and Zip Code Fraioli, Inc 80 F Street, NW, #804 Washington, DC 20001-	Purpose of Disbursement Consulting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/12/200	\$234.08
D. Full Name, Mailing Address and Zip Code Fraioli, Inc 80 F Street, NW, #804 Washington, DC 20001-	Purpose of Disbursement Consulting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/05/200	\$3700.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$5143.42
TOTAL This Period (last page this line number only)	\$7590.95

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Independence Party Committee P.O. Box 331 Albany, NY 12201-0337	Ticket for 8/15/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/200	\$100.00
B. Full Name, Mailing Address and Zip Code Army Athletic Association Ticket Office West Point, NY 10996-	Purpose of Disbursement Tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/23/200	\$526.00
C. Full Name, Mailing Address and Zip Code Hilltowns Democrats 21 Rice Road Rensselaerville, NY 12147-	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/200	\$75.00
D. Full Name, Mailing Address and Zip Code Assini For Family Court 2206 Grand Blvd. Schenectady, NY 12309-	Purpose of Disbursement Tickets for 8/22/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/200	\$100.00
E. Full Name, Mailing Address and Zip Code Crowley For Congress 84-56 Grand Ave. Elmhurst, NY 11373-	Purpose of Disbursement Contribution, House, Dist 7, NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$1000.00
F. Full Name, Mailing Address and Zip Code Committee to Re-Elect Ed Towns 167 Fulton Street Brooklyn, NY 11213-	Purpose of Disbursement Contribution, House, Dist. 10, NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/08/200	\$1000.00
G. Full Name, Mailing Address and Zip Code Engel for Congress P.O. Box 60 BRONX, NY 10465-	Purpose of Disbursement Contribution, House, Dist. 17, NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/200	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$3801.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
McNulty For Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Weiser 2276 Homecrest Ave. #4A Brooklyn, NY 11229-	Contribution, House, Dist. 9, NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/08/200	\$1000.00
B. Full Name, Mailing Address and Zip Code Friends of Major Owens P.O. Box 2265 Brooklyn, NY 11202-	Contribution, House, Dist. 11, NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/08/200	\$2000.00
C. Full Name, Mailing Address and Zip Code Watervliet Democratic Committee 1312 4th Avenue Watervliet, NY 12189-	Tickets for 8/20/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/17/200	\$200.00
D. Full Name, Mailing Address and Zip Code Schenectady County Democratic Committee 46 Warwick Way Niskayuna, NY 12309-	Tickets for 7/15/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/200	\$75.00
E. Full Name, Mailing Address and Zip Code NY Dollars for Democrats PO Box 647 Albany, NY 12201-0647	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/200	\$100.00
F. Full Name, Mailing Address and Zip Code NY Dollars for Democrats PO Box 647 Albany, NY 12201-0647	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/12/200	\$100.00

SUBTOTAL of Disbursements This Page (optional)	\$2475.00
TOTAL This Period (last page this line number only)	\$6276.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Express Mail</i>	Postmarked <i>8-28-00</i> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jel</i> PREPARER	<i>8-29-00</i> DATE PREPARED