

# 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 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><b>A.</b> Full Name (Last, First, Middle Initial) Donnelly for Congress</p>		<p><b>Transaction ID:</b> BED335D71EAA24F21B2D <b>Date of Disbursement</b> 10 / 25 / 2006</p>
<p>Mailing Address P.O. Box 1961</p>		<p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City South Bend State IN Zip Code 46634</p>	<p>Purpose of Disbursement contri.(2nd C.D.,IN)</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Candidate Name Category/Type</p>

<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p>		<p><b>Transaction ID:</b> B1EBEC37E49564B7599C <b>Date of Disbursement</b> 10 / 19 / 2006</p>
<p>Mailing Address P.O. Box 74</p>		<p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Syracuse State NY Zip Code 13214</p>	<p>Purpose of Disbursement contri. 25th C.D.N.Y.</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Candidate Name Category/Type</p>

<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Gary McCarthy</p>		<p><b>Transaction ID:</b> B0AEF1D2EBAB14F4AB54 <b>Date of Disbursement</b> 10 / 26 / 2006</p>
<p>Mailing Address c/o Carl Erickson 1538 Wendell Avenue</p>		<p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Schenectady State NY Zip Code 12308</p>	<p>Purpose of Disbursement tickets 11/1/06 event</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Candidate Name Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>2200.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	