

**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

Full Name (Last, First, Middle Initial) <b>A. Working Families Party</b>		<b>Transaction ID:</b> B4E82CD7038BF4F5997D Date of Disbursement 10 / 25 / 2006
Mailing Address 2-4 Nevins St. 3rd Floor		Amount of Each Disbursement this Period 10000.00
City Brooklyn State NY Zip Code 11217	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution-Excess Campaign Funds		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>B. Wulsin for Congress</b>		<b>Transaction ID:</b> BD8FCE190B0DB438D830 Date of Disbursement 11 / 03 / 2006
Mailing Address c/o Mary Huttlinger 7440 Montgomery Road		Amount of Each Disbursement this Period 2000.00
City Cincinnati State OH Zip Code 45236-4159	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contri. (2nd C.D. OH)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

Full Name (Last, First, Middle Initial) <b>C. Zack Space for Congress</b>		<b>Transaction ID:</b> BD9E0DC563A834837AD7 Date of Disbursement 10 / 25 / 2006
Mailing Address 714 North Wooster Avenue		Amount of Each Disbursement this Period 1000.00
City Dover State OH Zip Code 44622	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contri. (18th C.D.,OH)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>42780.00</b>