

**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 **X AMENDED (A)**

NY 21

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

X 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 04 01 2003 through 06 30 2003

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 Electronically Filed by John J. McNulty III Date 08 25 2003

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

McNulty for Congress

Report Covering the Period: From: ^M 0 ^M 4 ^D 0 ^D 1 ^Y 2 ^Y 0 ^Y 0 ^Y 3 To: ^V 0 ^M 6 ^D 3 ^D 0 ^Y 2 ^Y 0 ^Y 0 ^Y 3

	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(a)).....	44160.00	47035.00
(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)).....	44160.00	47035.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	25843.50	76595.12
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	282.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25843.50	76312.21
8. Cash on Hand at Close of Reporting Period (from Line 27).....	381794.76	
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

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

McNulty for Congress

Report Covering the Period: From: M M D J Y 0 4 0 1 2 0 0 3

To: V V U J Y 0 8 3 0 2 0 0 3

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).....	7200.00	
(ii) Unitemized.....	2460.00	
(iii) TOTAL of contributions	9660.00	11410.00
from individuals..... ▶		
	0.00	125.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACS).....	34500.00	35500.00
	0.00	0.00
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	44160.00	47035.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
	0.00	0.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	282.91
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	843.67	2651.72
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	45003.67	49969.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25843.50	76595.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(b) 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.....	37201.00	50062.54
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) [>]	63044.50	126657.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	399835.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page3).....	45003.67
25. SUBTOTAL (add Line 23 and Line 24).....	444839.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63044.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	381794.76

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

Name of Candidate Michael R. McNulty		Candidate ID Number H8NY23084
Name of Principal Campaign Committee McNulty for Congress		Committee ID Number C C00230417
Committee Address P.O. Box 1580		
City Green Island	State NY	ZIP 12183-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	49969.63	0.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	49969.63	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 48	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

Full Name (Last, First, Middle Initial) A. Boilemakers-Blacksmiths (LEAP)		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address 753 State Ave. Suite #565		Transaction ID: 0710200356C4314
City Kansas City	State KS	Zip Code 66101-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Wine & Spirits Wholesalers of America		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 805 15th Street, NW Suite 430		Transaction ID: 0710200356C4338
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Laborers Political League -		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address Laborers International Union of N 905 16th Street, N.W.		Transaction ID: 0710200356C4312
City Washington	State DC	Zip Code 20008-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 48			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Responsible Citizens Political League		Date of Receipt M / D / Y 05 / 06 / 2003	
Mailing Address 3 Research Place		Transaction ID: 0710200356C4301	
City Rockville	State MD	Zip Code 20850-	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer	Occupation	Election Cycle-to-Date 500.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Drive Political Fund		Date of Receipt M / D / Y 06 / 05 / 2003	
Mailing Address 25 Louisiana Ave., N.W.		Transaction ID: 0710200356C4316	
City Washington	State DC	Zip Code 20001-	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer	Occupation	Election Cycle-to-Date 1000.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. UAW V GAP		Date of Receipt M / D / Y 05 / 08 / 2003	
Mailing Address 8000 E. Jefferson		Transaction ID: 0710200356C4310	
City Detroit	State MI	Zip Code 48214-3583	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))	
Name of Employer	Occupation	Election Cycle-to-Date 1000.00	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 48			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Metropolitan Life Insurance Company		Date of Receipt M / D / Y 05 / 09 / 2003
Mailing Address Employees Political Participation Fund A		Transaction ID: 0710200356C4308
City New York	State NY	Zip Code 10010-3690
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Community Bankers Assn of NYS PAC		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 200 Park Avenue, Suite 4511		Transaction ID: 0710200356C4283
City New York	State NY	Zip Code 10166-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Realtors Political Action Committee		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 430 N. Michigan Ave.		Transaction ID: 0710200356C4302
City Chicago	State IL	Zip Code 60611-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 48	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Realtors Political Action Committee		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 430 N. Michigan Ave.		Transaction ID: 0710200356C4347
City Chicago	State IL	Zip Code 60611-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. AGRI-MARK Legislation		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address & Education Committee P.O. Box 5800		Transaction ID: 0710200356C4341
City Lawrence	State MA	Zip Code 01842-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Verizon Communications, Inc. Good		Date of Receipt M / D / Y 05 / 07 / 2003
Mailing Address Government Club 1717 Arch St. 47-S		Transaction ID: 0710200356C4308
City Philadelphia	State PA	Zip Code 19103-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. International Brotherhood of Electric		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address Workers Committee on Political Edu 1125 15th Street, NW		Transaction ID: 0710200356C4303
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. American Maritime Officers AFL-CIO		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Voluntary Political Action Fund 850 4th Ave.		Transaction ID: 0710200356C4294
City Brooklyn	State NY	Zip Code 11232-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. National Committee to Preserve Social		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Security and Medicare- PAC 1 D G Street, NE, Ste 60D		Transaction ID: 0710200356C4298
City Washington	State DC	Zip Code 20002-4215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Air Line Pilots Association - PAC		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 1625 Massachusetts Ave. N.W.		Transaction ID: 0710200356C4346
City Washington	State DC	Zip Code 20036-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. National Association of Insurance and Financial Advisors PAC		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2801 Telstar Ct.		Transaction ID: 0710200356C4300
City Falls Church	State VA	Zip Code 22042-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Physical Therapy PAC PT-PAC		Date of Receipt M / D / Y 05 / 09 / 2003
Mailing Address 1111 N. Fairfax Street		Transaction ID: 0710200356C4307
City Alexandria	State VA	Zip Code 22314-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. New York Life PAC		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address 51 Madison Avenue		Transaction ID: 0710200356C4313
City New York	State NY	Zip Code 10010-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Bank of America Political Action		Date of Receipt M / D / Y 05 / 13 / 2003
Mailing Address Committee 730 15th St., N.W.		Transaction ID: 0710200356C4305
City Washington	State DC	Zip Code 20005-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Service Employees International Union		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address Committee On Political Education 1313 L Street		Transaction ID: 0710200356C4304
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. AFL-CIO Maritime Committee		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 115D 17th St, NW Suite 700		Transaction ID: 0710200356C4299
City Washington	State DC	Zip Code 20036-4803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Investment Management PAC of the		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address Investment Company Institute 1401 H Street NW		Transaction ID: 0710200356C4308
City Washington	State DC	Zip Code 20005-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Holand & Knight		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 2099 Pennsylvania Ave, NW Suite 100		Transaction ID: 0710200356C4297
City Washington	State DC	Zip Code 20008-6801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 49	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Association of Trial Lawyers of America		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address Political Action Committee (ATLA P 1050 31st Street, NW		Transaction ID: 0710200356C4296
City Washington	State DC	Zip Code 20007-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Machinists Non-Partisan Political League		Date of Receipt M / D / Y 04 / 28 / 2003
Mailing Address 800D Machinists Place		Transaction ID: 0710200356C4292
City Upper Marlboro	State MD	Zip Code 20772-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	34500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Grover Connel		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 207 Watchung Fork		Transaction ID: 0710200356C4342
City Westfield	State NJ	Zip Code 07090-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Connel Company	Occupation President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Patricia Connel		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 207 Watchung Fork		Transaction ID: 0710200356C4343
City Westfield	State NJ	Zip Code 07090-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Connel Company	Occupation Director	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ted Connel		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address One Connel Drive		Transaction ID: 0710200356C4344
City Berkeley Heights	State NJ	Zip Code 07922-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Connel Company	Occupation Senior V. P.	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 49	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Terry Connell		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address One Connell Drive		Transaction ID: 0710200356C4345
City Berkeley Heights	State NJ	Zip Code 07822-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Connell Company	Occupation Treasurer	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Pei-Fei Lee		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address 421 Lincoln Drive		Transaction ID: 0710200356C4318
City Guilderland	State NY	Zip Code 12084-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. C. King Malory, III		Date of Receipt M / D / Y 04 / 01 / 2003
Mailing Address 1900 K Street, NW Suite 9000		Transaction ID: 0710200356C4290
City Washington	State DC	Zip Code 20008-1109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hunton & Williams	Occupation Partner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 49	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. C. King Malory, III		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 1900 K Street, NW Suite 9000		Transaction ID: 0710200356C4311
City Washington	State DC	Zip Code 20006-1109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Huntom & Williams	Occupation Partner	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Jennifer Schafer		Date of Receipt M / D / Y 04 / 30 / 2003
Mailing Address 217 10th Street, NE		Transaction ID: 0710200356C4295
City Washington	State DC	Zip Code 20002-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Requesting Information	Occupation Requesting Information	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas Wu		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address 74 Huntersfield Road		Transaction ID: 0710200356C4317
City Delmar	State NY	Zip Code 12054-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer V.A. Hospital	Occupation Medical Doctor	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	7200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 48	
	<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 checked="" type="checkbox"/> 14
				<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 McNulty for Congress

Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M / D / Y U / S / A	
Mailing Address 148 George St		06 30 2008	
City Green Island	State NY	Zip Code 12183-	Transaction ID: 0710200327C4350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 843.67	
Name of Employer	Occupation	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(4)(1)(B)-1)	
Receipt For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1808.05		

SUBTOTAL of Receipts This Page (optional)	▶	843.67
TOTAL This Period (last page this line number only)	▶	843.67

**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 19 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D4012D032E3297 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 360001			
City Fort Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period 151.37 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN MTGS.
Purpose of Disbursement CAMPAIGN MTGS.		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: D7102D0357E3372 Date of Disbursement 05 / 06 / 2003	
Mailing Address P.O. Box 360001			
City Fort Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period 447.88 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN MTGS./TRAVEL
Purpose of Disbursement CAMPAIGN MTGS./TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: D7102D0357E3411 Date of Disbursement 05 / 20 / 2003	
Mailing Address P.O. Box 360001			
City Fort Lauderdale	State FL	Zip Code 33336-0001	Amount of Each Disbursement this Period 685.55 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFC. EQUIPMENT/TRAVEL
Purpose of Disbursement OFC. EQUIPMENT/TRAVEL		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1264.80
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 20 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D710200357E3435 Date of Disbursement 06 / 03 / 2003	
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 892.01	
City Fort Lauderdale	State FL	Zip Code 33336-0001	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CAMPAIGN MTGS./TRAVEL		Category/ Type	
Candidate Name		CAMPAIGN MTGS./TRAVEL	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: D40120032E3300 Date of Disbursement 04 / 01 / 2003	
Mailing Address 30 Ivy St., S.E.		Amount of Each Disbursement this Period 264.25	
City Washington	State DC	Zip Code 20003-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CLUB CHARGES		Category/ Type	
Candidate Name		CLUB CHARGES	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. National Democratic Club		Transaction ID: 0710200357E3381 Date of Disbursement 05 / 06 / 2003	
Mailing Address 30 Ivy St., S.E.		Amount of Each Disbursement this Period 1771.26	
City Washington	State DC	Zip Code 20003-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 4/30/03 DC RECEPTION FR		Category/ Type	
Candidate Name		4/30/03 DC RECEPTION FR	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2927.52
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 21 / 43
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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: D710200357E3403 Date of Disbursement 05 / 13 / 2003	
Mailing Address 30 Ivy St., S.E.			
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period 504.25 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CLUB CHARGES
Purpose of Disbursement CLUB CHARGES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. National Democratic Club		Transaction ID: D710200357E3443 Date of Disbursement 06 / 10 / 2003	
Mailing Address 30 Ivy St., S.E.			
City Washington	State DC	Zip Code 20003-	Amount of Each Disbursement this Period 97.76 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CLUB CHARGES
Purpose of Disbursement CLUB CHARGES		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Independence Party of New York		Transaction ID: D710200357E3314 Date of Disbursement 04 / 10 / 2003	
Mailing Address 1310 Best Rd.			
City East Greenbush	State NY	Zip Code 12081-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FULL PAGE AD
Purpose of Disbursement FULL PAGE AD		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1102.01
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 22 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name (Last, First, Middle Initial) Glenville Democratic Committee		Transaction ID: D710200357E3356 Date of Disbursement 04 / 29 / 2003		
Mailing Address PO Box 2675		Amount of Each Disbursement this Period 225.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD/DIRECTORY		
City Glenville	State NY			Zip Code 12325-
Purpose of Disbursement AD/DIRECTORY				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: D40120032E3301 Date of Disbursement 04 / 01 / 2003		
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 56.22 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR CHARGES		
City Albany	State NY			Zip Code 12250-0001
Purpose of Disbursement CELLULAR CHARGES				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Verizon		Transaction ID: 0710200357E3326 Date of Disbursement 04 / 15 / 2003		
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 57.28 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES		
City Albany	State NY			Zip Code 12250-0001
Purpose of Disbursement PHONE CHARGES				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	▶	338.51
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 23 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D710200357E3339 Date of Disbursement 04 / 29 / 2003	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 59.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES	
City Albany	State NY		Zip Code 12250-0001
Purpose of Disbursement PHONE CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D710200357E3341 Date of Disbursement 04 / 29 / 2003	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 61.02 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR CHARGES	
City Albany	State NY		Zip Code 12250-0001
Purpose of Disbursement CELLULAR CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D710200357E3340 Date of Disbursement 04 / 29 / 2003	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 61.73 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES	
City Albany	State NY		Zip Code 12250-0001
Purpose of Disbursement PHONE CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	172.70
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 24 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D710200357E3415 Date of Disbursement 05 / 20 / 2003	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 68.85 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES	
City Albany	State NY		Zip Code 12250-0001
Purpose of Disbursement PHONE CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D710200357E3425 Date of Disbursement 05 / 27 / 2003	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 60.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES	
City Albany	State NY		Zip Code 12250-0001
Purpose of Disbursement PHONE CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D710200357E3424 Date of Disbursement 05 / 27 / 2003	
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 60.42 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES	
City Albany	State NY		Zip Code 12250-0001
Purpose of Disbursement PHONE CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	189.27
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 25 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D710200357E3427 Date of Disbursement 05 / 29 / 2003
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 50.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR CHARGES
City Albany	State NY	
Zip Code 12250-0001	Category/Type	
Purpose of Disbursement CELLULAR CHARGES	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: D710200357E3456 Date of Disbursement 06 / 17 / 2003
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 57.16 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES
City Albany	State NY	
Zip Code 12250-0001	Category/Type	
Purpose of Disbursement PHONE CHARGES	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D710200357E3462 Date of Disbursement 06 / 24 / 2003
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 60.13 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE CHARGES
City Albany	State NY	
Zip Code 12250-0001	Category/Type	
Purpose of Disbursement PHONE CHARGES	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	167.29
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 26 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: D710200357E3466 Date of Disbursement 06 / 26 / 2003
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 58.87 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELLULAR CHARGES
City Albany	State NY	
Zip Code 12250-0001	Category/Type	
Purpose of Disbursement CELLULAR CHARGES	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Felthousens Florist & Greenhouse		Transaction ID: D710200357E3383 Date of Disbursement 06 / 08 / 2003
Mailing Address 250 Columbia St		Amount of Each Disbursement this Period 110.70 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY BASKETS
City Cohoes	State NY	
Zip Code 12047-	Category/Type	
Purpose of Disbursement SYMPATHY BASKETS	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Felthousens Florist & Greenhouse		Transaction ID: D710200357E3441 Date of Disbursement 06 / 10 / 2003
Mailing Address 250 Columbia St		Amount of Each Disbursement this Period 86.40 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SYMPATHY BASKET
City Cohoes	State NY	
Zip Code 12047-	Category/Type	
Purpose of Disbursement SYMPATHY BASKET	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	255.97
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 27 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: D4012D032E3298 Date of Disbursement 04 / 01 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Transaction ID: D7102D0357E33D7 Date of Disbursement 04 / 03 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: D7102D0357E3390 Date of Disbursement 04 / 24 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 45.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	134.90
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 28 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: D710200357E3375 Date of Disbursement 05 / 06 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Transaction ID: D710200357E3385 Date of Disbursement 05 / 13 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: D710200357E3412 Date of Disbursement 05 / 20 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	134.85
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 29 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Time Warner Cable		Transaction ID: D710200357E3430 Date of Disbursement 05 / 29 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Time Warner Cable		Transaction ID: D710200357E3436 Date of Disbursement 06 / 03 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET CHARGES	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET CHARGES			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: D710200357E3455 Date of Disbursement 06 / 17 / 2003	
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET SERVICE	
City Albany	State NY		Zip Code 12203-5336
Purpose of Disbursement INTERNET SERVICE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	134.85
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 30 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Postmaster		Transaction ID: D710200357E3312 Date of Disbursement 04 / 08 / 2003	
Mailing Address 400 Broadway			
City Troy	State NY	Zip Code 12180-9998	Amount of Each Disbursement this Period 259.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STAMPS FOR RECEPTION MAILING		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		STAMPS FOR RECEPTION MAILING

Full Name (Last, First, Middle Initial) B. Postmaster		Transaction ID: D710200357E3361 Date of Disbursement 04 / 29 / 2003	
Mailing Address 400 Broadway			
City Troy	State NY	Zip Code 12180-0008	Amount of Each Disbursement this Period 74.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement STAMPS		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		STAMPS

Full Name (Last, First, Middle Initial) C. Proctors Theatre		Transaction ID: D710200357E3397 Date of Disbursement 05 / 13 / 2003	
Mailing Address 432 State Street			
City Schenectady	State NY	Zip Code 12305-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement SPONSOR		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		SPONSOR

SUBTOTAL of Disbursements This Page (optional)	▶	833.00
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 31 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Our Lady Of Hope Residence		Transaction ID: D710200357E3387 Date of Disbursement 05 / 12 / 2003	
Mailing Address 1 Jeanne Jugan Lane			
City Latham	State NY	Zip Code 12110-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SPONSORSHIP 8/14/03 EVENT
Purpose of Disbursement SPONSORSHIP 8/14/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NYS Employment Taxes		Transaction ID: D710200357E3335 Date of Disbursement 04 / 26 / 2003	
Mailing Address Church Street Station P.O. Box 1417			
City New York	State NY	Zip Code 10008-1417	Amount of Each Disbursement this Period 671.10 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 NYS W/H & UNEMPLOYMENT TAX
Purpose of Disbursement NYS W/H & UNEMPLOYMENT TAX		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Palace Performing Arts Center/PPAC		Transaction ID: D40120032E9294 Date of Disbursement 04 / 01 / 2003	
Mailing Address 19 Clinton Ave.			
City Albany	State NY	Zip Code 12207-	Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HON. COM. 5/1/EVENT
Purpose of Disbursement HON. COM. 5/1/EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	1421.19
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 32 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Palace Performing Arts Center/PPAC		Transaction ID: D710200357E3371 Date of Disbursement 05 / 06 / 2003
Mailing Address 19 Clinton Ave.		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SPONSOR
City Albany	State NY	
Zip Code 12207-	Category/Type	
Purpose of Disbursement SPONSOR		
Candidate Name	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼
State: District		

Full Name (Last, First, Middle Initial) B. Father Flanigans Marching Band		Transaction ID: D710200357E3366 Date of Disbursement 05 / 02 / 2003
Mailing Address Hutton & Fifth Avenues		Amount of Each Disbursement this Period 280.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TICKETS 5/4/03 EVENT
City Troy	State NY	
Zip Code 12180-	Category/Type	
Purpose of Disbursement TICKETS 5/4/03 EVENT		
Candidate Name	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼
State: District		

Full Name (Last, First, Middle Initial) C. Mill Road Tavern		Transaction ID: D710200357E3426 Date of Disbursement 05 / 27 / 2003
Mailing Address 30 Mill Road		Amount of Each Disbursement this Period 527.43 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 5/17/03 TAIWANESE LUNCHEON
City Latham	State NY	
Zip Code 12110-	Category/Type	
Purpose of Disbursement 5/17/03 TAIWANESE LUNCHEON		
Candidate Name	Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	1807.43
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 33 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. NAACP-Schenectady Branch		Transaction ID: D710200357E3452 Date of Disbursement 06 / 13 / 2003
Mailing Address P.O. Box 3659		Amount of Each Disbursement this Period 200.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD-6/14/03 EVENT
City Schenectady	State NY Zip Code 12303-	
Purpose of Disbursement AD-6/14/03 EVENT	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Alchar Printing		Transaction ID: D40120032E3295 Date of Disbursement 04 / 01 / 2003
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 102.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BUSINESS CARDS
City Troy	State NY Zip Code 12180-	
Purpose of Disbursement BUSINESS CARDS	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Alchar Printing		Transaction ID: 0710200357E3327 Date of Disbursement 04 / 15 / 2003
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 348.92 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INVITATIONS DC F/R
City Troy	State NY Zip Code 12180-	
Purpose of Disbursement INVITATIONS DC F/R	Category/ Type	
Candidate Name		
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	652.52
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 34 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. IUE-CWA District Three		Transaction ID: D710200357E33D8 Date of Disbursement 04 / 03 / 2003
Mailing Address 977 Route 17 South Suite 102		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD FOR SCHOLARSHIP FUND
City Hasbrouck Heights	State NJ Zip Code 07604-	
Purpose of Disbursement AD FOR SCHOLARSHIP FUND	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) B. Jewish Family Services		Transaction ID: D710200357E3395 Date of Disbursement 05 / 13 / 2003
Mailing Address 877 Madison Ave		Amount of Each Disbursement this Period 125.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HON. COM. 6/10/03 EVENT
City Albany	State NY Zip Code 12208-	
Purpose of Disbursement HON. COM. 6/10/03 EVENT	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

Full Name (Last, First, Middle Initial) C. Jewish Family Services		Transaction ID: D710200357E3492 Date of Disbursement 05 / 29 / 2003
Mailing Address 877 Madison Ave		Amount of Each Disbursement this Period 115.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD/JOURNAL
City Albany	State NY Zip Code 12208-	
Purpose of Disbursement AD/JOURNAL	Candidate Name Category/ Type	
Office Sought: House Senate President State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	490.00
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 35 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Rensselaer County Democratic Committee		Transaction ID: D710200357E3446 Date of Disbursement 06 / 10 / 2003	
Mailing Address P.O. Box 846		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD/PROGRAM BOOK	
City Troy	State NY		Zip Code 12181-
Purpose of Disbursement AD/PROGRAM BOOK	Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Rensselaer County Democratic Committee		Transaction ID: D710200357E3447 Date of Disbursement 06 / 12 / 2003	
Mailing Address P.O. Box 846		Amount of Each Disbursement this Period 1750.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 AD	
City Troy	State NY		Zip Code 12181-
Purpose of Disbursement AD	Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John McNulty III		Transaction ID: D710200357E3320 Date of Disbursement 04 / 15 / 2003	
Mailing Address 124 George Street		Amount of Each Disbursement this Period 1347.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY	
City Green Island	State NY		Zip Code 12183-
Purpose of Disbursement SALARY	Category/ Type		
Candidate Name	Office Sought: House Senate President State: District		
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional)	3347.00
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 36 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name (Last, First, Middle Initial) John McNulty III		Transaction ID: D710200357E34D5 Date of Disbursement 05 / 15 / 2003	
Mailing Address 124 George Street			
City Green Island	State NY	Zip Code 12183-	Amount of Each Disbursement this Period 1347.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

B. Full Name (Last, First, Middle Initial) John McNulty III		Transaction ID: D710200357E3457 Date of Disbursement 06 / 17 / 2003	
Mailing Address 124 George Street			
City Green Island	State NY	Zip Code 12183-	Amount of Each Disbursement this Period 1347.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

C. Full Name (Last, First, Middle Initial) Domenica Millington		Transaction ID: D710200357E3321 Date of Disbursement 04 / 15 / 2003	
Mailing Address 3 Kathy Lane			
City Wynantskill	State NY	Zip Code 12188-	Amount of Each Disbursement this Period 618.27 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
Purpose of Disbursement SALARY		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	3312.27
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 37 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Domenica Millington		Transaction ID: D710200357E34D8 Date of Disbursement 05 / 15 / 2003	
Mailing Address 3 Kathy Lane			
City Wynantskill State NY Zip Code 12198-			Amount of Each Disbursement this Period 386.42
Purpose of Disbursement SALARY		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		SALARY

Full Name (Last, First, Middle Initial) B. Domenica Millington		Transaction ID: D710200357E3458 Date of Disbursement 06 / 17 / 2003	
Mailing Address 3 Kathy Lane			
City Wynantskill State NY Zip Code 12198-			Amount of Each Disbursement this Period 420.77
Purpose of Disbursement SALARY		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		SALARY

Full Name (Last, First, Middle Initial) C. La Salle Institute		Transaction ID: D710200357E3498 Date of Disbursement 06 / 05 / 2003	
Mailing Address 174 Williams Road			
City Troy State NY Zip Code 12180-			Amount of Each Disbursement this Period 148.00
Purpose of Disbursement TICKETS 6/19/03 EVENT		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		TICKETS 6/19/03 EVENT

SUBTOTAL of Disbursements This Page (optional) ▶	955.19
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 38 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. HSBC		Transaction ID: D710200357E3322 Date of Disbursement 04 / 15 / 2003	
Mailing Address 148 George St		Amount of Each Disbursement this Period 1030.05	
City Green Island	State NY	Zip Code 12183-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FED. TAX W/H & EXPENSE		Category/ Type	
Candidate Name			FED. TAX W/H & EXPENSE
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. HSBC		Transaction ID: D710200357E3407 Date of Disbursement 05 / 15 / 2003	
Mailing Address 148 George St		Amount of Each Disbursement this Period 908.53	
City Green Island	State NY	Zip Code 12183-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FED. TAX W/H & EXPENSE		Category/ Type	
Candidate Name			FED. TAX W/H & EXPENSE
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. HSBC		Transaction ID: D710200357E3459 Date of Disbursement 06 / 17 / 2003	
Mailing Address 148 George St		Amount of Each Disbursement this Period 926.54	
City Green Island	State NY	Zip Code 12183-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement FED. TAX W/H & EXPENSE		Category/ Type	
Candidate Name			FED. TAX W/H & EXPENSE
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	2865.12
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 39 / 49
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Congregation Beth Abraham-Jacob		Transaction ID: D710200357E3317 Date of Disbursement 04 / 10 / 2003	
Mailing Address 380 Whitehall Road		Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 5/4/03 EVENT	
City Albany	State NY		Zip Code 12209-
Purpose of Disbursement 5/4/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Congregation Beth Abraham-Jacob		Transaction ID: D710200357E3363 Date of Disbursement 04 / 29 / 2003	
Mailing Address 380 Whitehall Road		Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TICKET 5/4/03 EVENT	
City Albany	State NY		Zip Code 12209-
Purpose of Disbursement TICKET 5/4/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	22706.39

**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 40 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Friends of Mayor Jennings		Transaction ID: D710200357E3398 Date of Disbursement 05 / 13 / 2003	
Mailing Address P.O. Box 7103			
City Albany	State NY	Zip Code 12224-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TICKETS 5/22/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. East Greenbush Democratic Committee		Transaction ID: D710200357E3348 Date of Disbursement 04 / 29 / 2003	
Mailing Address PO Box 434			
City East Greenbush	State NY	Zip Code 12061-	Amount of Each Disbursement this Period 50.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 5/4/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. East Greenbush Democratic Committee		Transaction ID: D710200357E3444 Date of Disbursement 06 / 10 / 2003	
Mailing Address PO Box 434			
City East Greenbush	State NY	Zip Code 12061-	Amount of Each Disbursement this Period 297.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 6/20/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	847.00
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 41 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Independence Party Committee		Transaction ID: D710200357E3333 Date of Disbursement 04 / 25 / 2003	
Mailing Address P.O. Box 337			
City Albany State NY Zip Code 12201-0337	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement TICKET 4/28/03 EVENT Candidate Name	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Independence Party Committee		Transaction ID: D710200357E3336 Date of Disbursement 04 / 27 / 2003	
Mailing Address P.O. Box 337			
City Albany State NY Zip Code 12201-0337	Amount of Each Disbursement this Period 100.00		
Purpose of Disbursement TICKET 4/28/03 EVENT Candidate Name	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Independence Party of New York		Transaction ID: D710200357E3368 Date of Disbursement 05 / 04 / 2003	
Mailing Address 1310 Best Rd.			
City East Greenbush State NY Zip Code 12081-	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement TICKETS 5/6/03 EVENT Candidate Name	Category/ Type Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: House Senate President State: District	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	450.00
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 42 / 49

<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) A. Democratic Assembly Campaign Committee		Transaction ID: D710200357E33D9 Date of Disbursement 04 / 04 / 2003	
Mailing Address 107 Washington Ave		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Albany	State NY		Zip Code 12210-
Purpose of Disbursement F/R CONTRI.			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Democratic Assembly Campaign Committee		Transaction ID: D710200357E3374 Date of Disbursement 05 / 06 / 2003	
Mailing Address 107 Washington Ave		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Albany	State NY		Zip Code 12210-
Purpose of Disbursement TICKETS 5/27/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. College of the Holy Cross		Transaction ID: 040120032E3302 Date of Disbursement 04 / 01 / 2003	
Mailing Address One College Street		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Worcester	State MA		Zip Code 01810-2395
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
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 43 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Friends of Brian Stratton		Transaction ID: D710200357E3370 Date of Disbursement 05 / 06 / 2003	
Mailing Address 729 DeCamp Ave.			
City Schenectady	State NY	Zip Code 12309-	Amount of Each Disbursement this Period 225.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TICKETS 5/20/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Working Families Party		Transaction ID: D710200357E3437 Date of Disbursement 06 / 05 / 2003	
Mailing Address 88 Third Avenue-Fourth Floor			
City Brooklyn	State NY	Zip Code 11217-	Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 6/12/03 EVENT/STATEWIDE FR		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Tom Keefe Albany City Court Judge		Transaction ID: D710200357E3384 Date of Disbursement 04 / 25 / 2003	
Mailing Address 380 New Scotland Avenue			
City Albany	State NY	Zip Code 12208-	Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONTRI. 4/28/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	1725.00
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 44 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Rensselaer County Young Democrats		Transaction ID: D710200357E3419 Date of Disbursement 05 / 22 / 2003	
Mailing Address P.O. Box 846		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Troy	State NY		Zip Code 12181-
Purpose of Disbursement TICKETS 5/29/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. Friends of Mike Breslin		Transaction ID: D710200357E3431 Date of Disbursement 05 / 29 / 2003	
Mailing Address 219 River Road		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Glenmont	State NY		Zip Code 12077-
Purpose of Disbursement 6/23/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Friends of John Duchessi		Transaction ID: D710200357E3442 Date of Disbursement 06 / 10 / 2003	
Mailing Address 280 Guy Park Ave.		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Amsterdam	State NY		Zip Code 12010-
Purpose of Disbursement DONATION 8/14/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	▶	1250.00
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 45 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Schenectady County Democratic Committee		Transaction ID: D710200357E3311 Date of Disbursement 04 / 08 / 2003
Mailing Address 46 Warwick Way		Amount of Each Disbursement this Period 70.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niskayuna	State NY Zip Code 12309-	
Purpose of Disbursement TICKETS 4/8/EVENT	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Schenectady County Democratic Committee		Transaction ID: D710200357E3428 Date of Disbursement 05 / 29 / 2003
Mailing Address 46 Warwick Way		Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niskayuna	State NY Zip Code 12309-	
Purpose of Disbursement TICKETS 6/7/03 EVENT	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Schenectady County Democratic Committee		Transaction ID: D710200357E3342 Date of Disbursement 04 / 20 / 2003
Mailing Address 46 Warwick Way		Amount of Each Disbursement this Period 100.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Niskayuna	State NY Zip Code 12309-	
Purpose of Disbursement TICKET 5/3/03 EVENT	Category/ Type	
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	270.00
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 46 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Comm		Transaction ID: D710200357E3354 Date of Disbursement 04 / 13 / 2003	
Mailing Address 430 South Capitol St.		Amount of Each Disbursement this Period 20000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20003-
Purpose of Disbursement CONTRI. TO NATL PARTY COMMITTEE			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Comm		Transaction ID: D710200357E3355 Date of Disbursement 04 / 13 / 2003	
Mailing Address 430 South Capitol St.		Amount of Each Disbursement this Period 5000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Washington	State DC		Zip Code 20003-
Purpose of Disbursement EXCESS CAMPAIGN FUNDS			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Schoharie County Democratic Committee		Transaction ID: D710200357E3408 Date of Disbursement 05 / 20 / 2003	
Mailing Address RR#3, Box 198		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Middleburgh	State NY		Zip Code 12122-
Purpose of Disbursement DONATION 5/18/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	25500.00
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 47 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Rensselaer County Democratic Committee		Transaction ID: D710200357E3445 Date of Disbursement 06 / 10 / 2003	
Mailing Address P.O. Box 846		Amount of Each Disbursement this Period 150.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Troy	State NY		Zip Code 12181-
Purpose of Disbursement TICKETS 6/23/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. McEneny for Assembly		Transaction ID: D710200357E3368 Date of Disbursement 06 / 06 / 2003	
Mailing Address 147 Colonial Ave.		Amount of Each Disbursement this Period 500.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Albany	State NY		Zip Code 12208-1400
Purpose of Disbursement TICKETS 5/6/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Committee To Re-elect Judge McGrath		Transaction ID: D710200357E3390 Date of Disbursement 05 / 13 / 2003	
Mailing Address P.O. Box 635		Amount of Each Disbursement this Period 250.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Troy	State NY		Zip Code 12181-0535
Purpose of Disbursement TICKET 5/20/03 EVENT			Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	900.00
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 48 / 49
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
 McNulty for Congress

Full Name (Last, First, Middle Initial) A. Schenectady City Democratic Committee		Transaction ID: D40120032E3303 Date of Disbursement 04 / 01 / 2003
Mailing Address PO Box 569		Amount of Each Disbursement this Period 300.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Schenectady	State NY	
Purpose of Disbursement AD/ANNUAL CITY DINNER		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Schenectady City Democratic Committee		Transaction ID: D710200357E3325 Date of Disbursement 04 / 15 / 2003
Mailing Address PO Box 569		Amount of Each Disbursement this Period 105.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Schenectady	State NY	
Purpose of Disbursement TICKETS 5/8/03 EVENT		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) C. Womens Democratic Club of Albany Co.		Transaction ID: D710200357E3373 Date of Disbursement 05 / 06 / 2003
Mailing Address 4 Noonan Lane		Amount of Each Disbursement this Period 132.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany	State NY	
Purpose of Disbursement TICKETS 5/18/03 EVENT		
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	▶	537.00
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)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
McNulty for Congress

Full Name (Last, First, Middle Initial) A. Barbara Patton		Transaction ID: D710200357E3343 Date of Disbursement 04 / 29 / 2003	
Mailing Address P.O. Box 182		Amount of Each Disbursement this Period 250.00	
City Malverne	State NY	Zip Code 11585-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) B. New York Congressional Delegation		Transaction ID: D710200357E3308 Date of Disbursement 04 / 09 / 2003	
Mailing Address 2354 Rayburn Ofc. Bldg.		Amount of Each Disbursement this Period 290.00	
City Washington	State DC	Zip Code 20515-3215	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement LUNCHEON FUND		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

Full Name (Last, First, Middle Initial) C. Twin Rivers Council #384 Boy Scouts		Transaction ID: D710200357E3381 Date of Disbursement 04 / 24 / 2003	
Mailing Address 253 Washington Ave.		Amount of Each Disbursement this Period 250.00	
City Albany	State NY	Zip Code 12205-5553	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement TICKETS 5/14/03 EVENT		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼	State: District	

SUBTOTAL of Disbursements This Page (optional)	790.00
TOTAL This Period (last page this line number only)	33769.00