

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) McNulty For Congress			
A. Full Name, Mailing Address and Zip Code Albert Schiff 11 Mohawk Lane Greenwich, CT 06831-	Name of Employer Insurance Alliances Group, IAC Occupation Insurance	Date (month, day, year) 06/21/200	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
B. Full Name, Mailing Address and Zip Code Joel A. Shapiro 200 East 66th Street (D-302) New York, NY 10021-	Name of Employer Bartman, Shapiro & Assoc., Inc Occupation CLU, ChFC, MSFS	Date (month, day, year) 04/26/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
C. Full Name, Mailing Address and Zip Code David Springer 6221 29th Street NW Washington, DC 20015-	Name of Employer Oldaker & Hattis, LLP Occupation Partner	Date (month, day, year) 06/25/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
D. Full Name, Mailing Address and Zip Code Rick Thomas PO Box 556 Tampa, FL 33601-	Name of Employer Thomas Financial Group Occupation Insurance	Date (month, day, year) 06/21/200	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
E. Full Name, Mailing Address and Zip Code Barbara Treadwell 530 5th Ave. New York, NY 10036-	Name of Employer Cowan Financial Group Occupation Insurance	Date (month, day, year) 06/21/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
F. Full Name, Mailing Address and Zip Code Michael Verdile 33 Brickyard Road Troy, NY 12182-	Name of Employer Self Occupation Restauranteur	Date (month, day, year) 05/23/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
G. Full Name, Mailing Address and Zip Code Sean Ward 31 High St. Green Island, NY 12183-	Name of Employer Village of Green Island Occupation Executive Asst. to the Mayor	Date (month, day, year) 05/31/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		

SUBTOTAL of Receipts This Page (optional)	\$3450.00
TOTAL This Period (last page this line number only)	