

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 AMENDED (A)
NY

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 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 08 24 2006 through 09 30 2006

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 McNulty

Signature of Treasurer Electronically Filed by John McNulty Date 10 09 2006

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MCNULTY FOR CONGRESS

Report Covering the Period: From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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(e)).....	72550.00	416481.93
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	3150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	72550.00	413331.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	65810.83	277556.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1334.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65810.83	276222.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	310616.36	
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

Write or Type Committee Name
MCNULTY FOR CONGRESS

Report Covering the Period: From:

M	M
0	8

D	D
2	4

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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).....

10455.00

133480.00

(ii) Unitemized.....

7445.00

30245.00

(iii) TOTAL of contributions

17900.00

163725.00

from individuals..... ▶

2305.00

11311.93

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

52345.00

241445.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

72550.00

416481.93

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

1334.57

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

764.39

8179.84

16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

73314.39

425996.34

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	65810.83	277556.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 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	3150.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3150.00
21. OTHER DISBURSEMENTS.....	55223.00	158294.95
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	121033.83	439001.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	358335.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	73314.39
25. SUBTOTAL (add Line 23 and Line 24).....	431650.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121033.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	310616.36

**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 5 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Daniel C. Ashley

Mailing Address 10 Ashley Way

City Troy State NY Zip Code 12180

FEC ID number of contributing federal political committee. **C**

Name of Employer Dan Ashley Auto Sales Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: AA874B89B34FB481E82A

Amount of Each Receipt this Period
50.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Sidney Cohen

Mailing Address 12 Friebel Rd

City Albany State NY Zip Code 12208

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: A2B8A1557782444F6BEB

Amount of Each Receipt this Period
200.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Marilyn D. Fane

Mailing Address 62 Leverage Rd

City Troy State NY Zip Code 12182

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Excavating Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: A023670CC709141F0948

Amount of Each Receipt this Period
100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	350.00
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 6 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Kirsten E. Gillibrand

Mailing Address 358 Mt. Merino Rd.

City Hudson State NY Zip Code 12534

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: AF8AF0B30E7C743C2B22

Amount of Each Receipt this Period
250.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Herbert F. Gretz, MD

Mailing Address 1283 Hawthorn Rd.

City Schenectady State NY Zip Code 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Doctor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2006

Transaction ID: AE527C1DD755A493981E

Amount of Each Receipt this Period
200.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jay Halayko

Mailing Address 637 3rd Ave

City Watervliet State NY Zip Code 12189

FEC ID number of contributing federal political committee. **C**

Name of Employer Schuyler Bakery Inc. Occupation General Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2006

Transaction ID: AE4925A42445D48CDB9F

Amount of Each Receipt this Period
500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	950.00
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 7 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Raymond Kinley, Jr.

Mailing Address III Winners Circle
P.O. Box 5269

City Albany State NY Zip Code 12205-0269

FEC ID number of contributing federal political committee. **C**

Name of Employer Clough, Harbour & Associates
Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2006

Transaction ID: AD5AAC11DE1A5471684B

Amount of Each Receipt this Period
500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Erin Lane

Mailing Address 4203 32nd St

City Mt. Rainier State MD Zip Code 20712

FEC ID number of contributing federal political committee. **C**

Name of Employer Plug Power, Inc.
Occupation Government Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: AADFE0E10422543B9902

Amount of Each Receipt this Period
500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Joseph Legnard

Mailing Address 34 Walden Glen

City Ballston Lake State NY Zip Code 12019

FEC ID number of contributing federal political committee. **C**

Name of Employer Village of Green Island
Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 775.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2006

Transaction ID: AC371229903864E31B36

Amount of Each Receipt this Period
25.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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 8 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Lenney

Mailing Address 42 Malibu Hill

City Rensselaer State NY Zip Code 12144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 215.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 6

Transaction ID: A5C2A32363AA143A4A5C

Amount of Each Receipt this Period
90.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Ellen Malkis

Mailing Address 719 Bobby Ct

City Niskayuna State NY Zip Code 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer Schenectady County Occupation Personnel

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 0 6

Transaction ID: ACADD9A104C4440C188B

Amount of Each Receipt this Period
100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Morris Massry

Mailing Address Massry Realty Partners
255 Washington Ave.

City Albany State NY Zip Code 12205-5533

FEC ID number of contributing federal political committee. **C**

Name of Employer Tri City Rentals Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 6

Transaction ID: A28BF82033DD841409F2

Amount of Each Receipt this Period
2100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2290.00**

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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Morris Massry

Mailing Address Massry Realty Partners
255 Washington Ave.

City Albany State NY Zip Code 12205-5533

FEC ID number of contributing federal political committee. **C**

Name of Employer Tri City Rentals Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 6

Transaction ID: A07543935E0424A24AFD

Amount of Each Receipt this Period
1100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Norman Massry

Mailing Address 255 Washington Ave Ext

City Albany State NY Zip Code 12205-5533

FEC ID number of contributing federal political committee. **C**

Name of Employer Tri City Rentals Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 6

Transaction ID: AD6991C047F7B42D2ACB

Amount of Each Receipt this Period
2100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Norman Massry

Mailing Address 255 Washington Ave Ext

City Albany State NY Zip Code 12205-5533

FEC ID number of contributing federal political committee. **C**

Name of Employer Tri City Rentals Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 6

Transaction ID: A0203ECC50ADF461C852

Amount of Each Receipt this Period
975.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4175.00**

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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Tom Nardacci

Mailing Address 119 Winthrop Ave

City Albany State NY Zip Code 12203

FEC ID number of contributing federal political committee. **C**

Name of Employer Grammercy Occupation Owner/Public Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: A3FABF1E9F021405980D

Amount of Each Receipt this Period
 45.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gino Pazzaglini

Mailing Address 6 Rose Ridge Ct

City Saratoga Springs State NY Zip Code 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Seton Health Occupation Pres./ceo

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2006

Transaction ID: A5A399D49934F406CB0D

Amount of Each Receipt this Period
 125.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin Scher

Mailing Address 136 No Lake Ave

City Albany State NY Zip Code 12206

FEC ID number of contributing federal political committee. **C**

Name of Employer M. Scher & Son, Inc. Occupation Electrical Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 13 / 2006

Transaction ID: AC0974B6BF44742FBB55

Amount of Each Receipt this Period
 250.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	420.00
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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Howard W. Shawn

Mailing Address 301 Glendale Road

City State Zip Code
Scarsdale NY 10583-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: A55CB475D9C264D36A8B

Amount of Each Receipt this Period
500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Dr. James Slavin

Mailing Address 26 Park Dr

City State Zip Code
Menands NY 12204-2242

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: A624EC50F21E14717A46

Amount of Each Receipt this Period
500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Beno Sternlicht

Mailing Address 123 Partridge Run

City State Zip Code
Schenectady NY 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: AC58551F0138640099A8

Amount of Each Receipt this Period
200.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 12 / 50	
	(check only one)			
<input checked="" 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 type="checkbox"/> 14	<input type="checkbox"/> 15

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

A. Full Name (Last, First, Middle Initial)
Walter Wheeler

Mailing Address 11 California Ave

City Rensselaer State NY Zip Code 12144

FEC ID number of contributing federal political committee. **C**

Name of Employer Playtex Products Occupation Machine Shop Adjustor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 295.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: A1963000AFF4A49B89AF

Amount of Each Receipt this Period
 45.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	10455.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
Canestrari for Assembly Committee

Mailing Address 16 Roosevelt Blvd.

City State Zip Code
Cohoes NY 12047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: AB8ABB6AFA6944753BCD

Amount of Each Receipt this Period
50.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Colonie Democratic Committee

Mailing Address 19 Louise Drive

City State Zip Code
Latham NY 12110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
535.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: AD66D3E36F88D4465B85

Amount of Each Receipt this Period
410.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Devine For Justice

Mailing Address c/o John Chiamonte
8 Vatrano Lane

City State Zip Code
Loudonville NY 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: A65102C76ED094154939

Amount of Each Receipt this Period
25.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	485.00
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 / 50
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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

A. Full Name (Last, First, Middle Initial)
Friends of Bob Godlewski

Mailing Address 1046 Manas Dr.

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

45.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: A9A9E2DD69A664715A43

Amount of Each Receipt this Period
45.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Friends of Brian Stratton

Mailing Address 729 DeCamp Ave.

City State Zip Code
Schenectady NY 12309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: A5A36A06236FA4E7D85A

Amount of Each Receipt this Period
275.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Friends of Harry Buffardi

Mailing Address 1436 Altamont Avenue
Box 179

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: A8C860C98C13A41AF916

Amount of Each Receipt this Period
100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	420.00
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 15 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<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

A. Full Name (Last, First, Middle Initial)
Friends of Mayor Jennings

Mailing Address P.O. Box 7103

City Albany State NY Zip Code 12224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: A7AC916A4B5B44A67BE6

Amount of Each Receipt this Period
 250.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Friends of Tom Nitido

Mailing Address 27 Forest Avenue

City Albany State NY Zip Code 12208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: ABF63041C48144C50B39

Amount of Each Receipt this Period
 100.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Green Island Democratic Association

Mailing Address P O Box 1611

City Green Island State NY Zip Code 12183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 08 / 2006

Transaction ID: A2541AA06177942E9AC5

Amount of Each Receipt this Period
 1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	1350.00
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 16 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
McLaughlin Campaign

Mailing Address 1910 Cambridge Manor Drive

City State Zip Code
Scotia NY 12302-2443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: AEC1A5C6FBF8D465E969

Amount of Each Receipt this Period
25.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Trees 4 Assembly

Mailing Address P.O. Box 485

City State Zip Code
Richmondville NY 12149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2006

Transaction ID: A5585E7120193473FABA

Amount of Each Receipt this Period
25.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	2305.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
Amalgamated Transit Union-Local 1321

Mailing Address 1044 Broadway

City Albany State NY Zip Code 12204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 175.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2006

Transaction ID: A506EAA9DCAC747B69B4

Amount of Each Receipt this Period
 50.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Council Of Life Insurers, PAC

Mailing Address 101 Constitution Ave. NW Suite 700

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 31 / 2006

Transaction ID: ABE9E8E9F79A7405AA68

Amount of Each Receipt this Period
 1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street, N.W. #6-F

City Washington State DC Zip Code 20004-2802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2006

Transaction ID: A92BBF2AFD2554FA7868

Amount of Each Receipt this Period
 1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	2050.00
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 18 / 50
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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

A. Full Name (Last, First, Middle Initial)
American Medical Association PAC

Mailing Address 1101 Vermont Avenue, NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: A7E6064AEFDD14896ADE

Amount of Each Receipt this Period
2000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Nurses Association- PAC

Mailing Address 600 Maryland Avenue, SW
Suite 100 West

City State Zip Code
Washington DC 20024-2571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 26 / 2006

Transaction ID: A43A8375641D3413AA8C

Amount of Each Receipt this Period
1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Association of Trial Lawyers of America

Mailing Address 1050 31st Street, NW

City State Zip Code
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: A14667EE0A51840E2B32

Amount of Each Receipt this Period
4000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 19 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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

A. Full Name (Last, First, Middle Initial)
Carpenters Legislative Improvement

Mailing Address Committee PAC
101 Constitution Ave., NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: A99708480FA2843A0A6A

Amount of Each Receipt this Period
5000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
CWA-COPE PCC

Mailing Address 501 3rd Street

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: ADCAF702693CD47CC90B

Amount of Each Receipt this Period
1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DRIVE Political Fund

Mailing Address 25 Louisiana Ave., N.W.

City State Zip Code
Washington DC 20001-2198

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6125.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 26 / 2006

Transaction ID: A555740ED33F5471FA38

Amount of Each Receipt this Period
2000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	8000.00
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 20 / 50
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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

A. Full Name (Last, First, Middle Initial)
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave., N.W.
1100 West

City Washington State DC Zip Code 20004-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: A3901F4BBE0804A2BB10

Amount of Each Receipt this Period
1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Avenue, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1025.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: A2E668612106D4E21ADF

Amount of Each Receipt this Period
25.00

In-kind:in-kind website endorsement li
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
National Association of Home Builders

Mailing Address Build Political Action Committee
1201 15th Street, NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 08 / 2006

Transaction ID: A0491CCF5782A4D2C9EE

Amount of Each Receipt this Period
2500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	3525.00
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 21 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address of the American College of
Emergency Physicians

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2006

Transaction ID: A72DA5383B9814D8B962

Amount of Each Receipt this Period
1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
National Rural Letter Carriers

Mailing Address Association PAC
1630 Duke St., 4th Floor

City Alexandria State VA Zip Code 22314-3465

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2006

Transaction ID: A016EA95FE7994F19A83

Amount of Each Receipt this Period
1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Owens Corning BETTER GOVERNMENT FUND

Mailing Address One Owens Corning Parkway

City Toledo State OH Zip Code 43659

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: A613CAE2591EA45B9871

Amount of Each Receipt this Period
5000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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 22 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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. Real Estate Investment Trusts PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1875 I Street, N.W. Suite 600		Transaction ID: A6BCC3B902389486EB0C	
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Real Estate Investment Trusts PAC		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1875 I Street, N.W. Suite 600		Transaction ID: A0A6AADE680D5415CB53	
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) C. Realtors Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006	
Mailing Address 430 N. Michigan Ave.		Transaction ID: AA832F6CD29744D9F931	
City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 10000.00		

SUBTOTAL of Receipts This Page (optional) ▶	8000.00
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 23 / 50
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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

A. Service Employees Int'l Union

Full Name (Last, First, Middle Initial)
Mailing Address C.O.P.E. (SEIU)
1313 L Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: ACBC3D20AB122460D98E

Amount of Each Receipt this Period
5000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Sheet Metal Workers'

Full Name (Last, First, Middle Initial)
Mailing Address International Association PAL
1750 New York Ave., N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: A6A6BD7FB00A945CBAE7

Amount of Each Receipt this Period
2500.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Sierra Club Political Committee

Full Name (Last, First, Middle Initial)
Mailing Address 408 C Street, NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
20.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: A07AFF7AFC4C54C5299C

Amount of Each Receipt this Period
20.00

In-kind/in-kind website endorsements
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	7520.00
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 24 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
Society of Interventional Radiology (SIRPAC)

Mailing Address 3975 Fair Ridge Dr
Ste 400

City State Zip Code
Fairfax VA 22033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: AB2637A8D4E2E4492A13

Amount of Each Receipt this Period
1000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
U.A. Plumbers & Pipefitters L.U. #773

Mailing Address Voluntary P.A.C. Fund
P.O. Box 1396

City State Zip Code
South Glens Falls NY 12803-1396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: AB62974E75B55435B9B4

Amount of Each Receipt this Period
250.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address 901 Massachusetts Ave., N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: A04690DBA386343AC8D9

Amount of Each Receipt this Period
5000.00

Check
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	6250.00
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 25 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<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. UAW V CAP		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 8000 East Jefferson Ave.		Transaction ID: A09BE3443901B4F199FC
City State Zip Code Detroit MI 48214-3963	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. United Food and Commercial Workers		Date of Receipt M M / D D / Y Y Y Y Y 08 / 26 / 2006
Mailing Address International Union, AFL-CIO/CLC 1775 K Street, N.W.		Transaction ID: A25BA0AFB1D78487FA6D
City State Zip Code Washington DC 20006-1598	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. United Technologies Corporation PAC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address Suite 600 1401 Eye Street, NW		Transaction ID: AD03C0CE4F6AD4A94BFD
City State Zip Code Washington DC 20005-6523	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	52345.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 50
	(check only one)	
<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 type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HSBC		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 100 Mohawk Street		Transaction ID: A5548AC8597824B64A54 Amount of Each Receipt this Period 2.45
City State Zip Code Cohoes NY 12047	FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 1002.57	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial) Pioneer Savings Bank		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 148 George Street		Transaction ID: AD98B62B53579462E934 Amount of Each Receipt this Period 761.94
City State Zip Code Green Island NY 12183	FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 7567.57	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	764.39
TOTAL This Period (last page this line number only)	764.39

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)

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<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Albany County Young Democrats		Transaction ID: BD1494B70CD2646809E0 Date of Disbursement 08 / 24 / 2006
Mailing Address P.O. Box 1382		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12201	Purpose of Disbursement sponsor 9/20/06 event Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Alchar Printing		Transaction ID: BC15FFE0934AE42CD9C5 Date of Disbursement 09 / 06 / 2006
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 862.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Troy State NY Zip Code 12180	Purpose of Disbursement printing/picnic invites Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Alchar Printing		Transaction ID: B4FD4A10EF1C34109AA5 Date of Disbursement 09 / 13 / 2006
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 347.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Troy State NY Zip Code 12180	Purpose of Disbursement campaign/printing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1310.68
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 / 50

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: B2A6C6E91F66446BB9E7 Date of Disbursement 08 / 31 / 2006
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 149.94
City Fort Lauderdale State FL Zip Code 33336-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement credit card: see below Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capital District Union Label &		Transaction ID: BDBFDB2CB12A24E83859 Date of Disbursement 09 / 06 / 2006
Mailing Address Service Trades Council, AFL-CIO 11 California Ave.		Amount of Each Disbursement this Period 250.00
City Rensselaer State NY Zip Code 12144	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD-10/19/06 awards dinner Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CDGLCC, Inc		Transaction ID: B33CF116A0EBB4BBDA6F Date of Disbursement 09 / 21 / 2006
Mailing Address P.O. Box 131		Amount of Each Disbursement this Period 125.00
City Albany State NY Zip Code 12201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hon.Com. 10/18/06 event Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

524.94

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 / 50

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. College of Saint Rose		Transaction ID: B8C02D651E7364F979BF Date of Disbursement 09 / 06 / 2006
Mailing Address 432 Western Ave		Amount of Each Disbursement this Period 250.00
City Albany State NY Zip Code 12203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sponsorship-Whalen Golf Classic Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Colonie Elks Lodge #2192		Transaction ID: BB17FBA635F754E07B99 Date of Disbursement 09 / 11 / 2006
Mailing Address P.O. Box 756		Amount of Each Disbursement this Period 1561.50
City Latham State NY Zip Code 12110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement facility 9/10/06 summer picnic Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Felthousen's Florist & Greenhouse		Transaction ID: B91B9B5498FD34750B76 Date of Disbursement 09 / 05 / 2006
Mailing Address 250 Columbia St.		Amount of Each Disbursement this Period 48.60
City Cohoes State NY Zip Code 12047	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement sympathy basket Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1860.10

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 / 50

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fort Orange Press		Transaction ID: BD48E50A5F1274F68957 Date of Disbursement 09 / 21 / 2006
Mailing Address 11 Sand Creek Road P.O. Box 828		Amount of Each Disbursement this Period 13381.20
City Albany State NY Zip Code 12201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign mailing lit.		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Fulton Co. Regional Chamber of Commerce		Transaction ID: BF013A90849F44A1BB22 Date of Disbursement 09 / 06 / 2006
Mailing Address 2 N. Main Street		Amount of Each Disbursement this Period 15.00
City Gloversville State NY Zip Code 12078	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ticket 9/15/06 event		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Gramercy Communications		Transaction ID: B949E638214BB4F92B1D Date of Disbursement 08 / 28 / 2006
Mailing Address 119 Winthrop Avenue		Amount of Each Disbursement this Period 1500.00
City Albany State NY Zip Code 12203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement consulting fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	14896.20
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 / 50

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Gramercy Communications		Transaction ID: BBE05B7E67AB74D33A9C Date of Disbursement 09 / 06 / 2006
Mailing Address 119 Winthrop Avenue		Amount of Each Disbursement this Period 171.79
City Albany State NY Zip Code 12203	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Consulting fees	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. Guilderland Democratic Committee		Transaction ID: B681611B77D0D4541B7F Date of Disbursement 09 / 21 / 2006
Mailing Address Box 741		Amount of Each Disbursement this Period 200.00
City Guilderland State NY Zip Code 12084	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Ad-10/5/06 event	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. Homeless Action Committee		Transaction ID: BA932ACF94AE249BD8D9 Date of Disbursement 09 / 19 / 2006
Mailing Address 393 N. Pearl St.		Amount of Each Disbursement this Period 100.00
City Albany State NY Zip Code 12207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement benefactor 10/13/06 event	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ► **471.79**

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Human Rights Campaign PAC		Transaction ID: B2E668612106D4E21ADF Date of Disbursement 09 / 25 / 2006
Mailing Address 1640 Rhode Island Avenue, NW		Amount of Each Disbursement this Period 25.00
City Washington State DC Zip Code 20036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind:in-kind website endorsement li		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Legnard-Curtin Post American Legion		Transaction ID: B621C0982039A4D56857 Date of Disbursement 09 / 13 / 2006
Mailing Address Cohoes Rd		Amount of Each Disbursement this Period 770.00
City Green Island State NY Zip Code 12183	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement catering for 9/12/06 event		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Mila's Catering		Transaction ID: BF4AFE2CD05E14E3393C Date of Disbursement 09 / 06 / 2006
Mailing Address 1720 Lanier Pl. NW		Amount of Each Disbursement this Period 885.00
City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 7/19/06 DC-FR catering		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1680.00
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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Neil Brown Pianist</p>		<p>Transaction ID: B4F370C8664F2457C83E</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	1		2	0	0	6													
<p>Mailing Address 111 Fernbank Ave.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>375.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	375.00																			
375.00																						
<p>City Delmar State NY Zip Code 12054</p>	<p>Purpose of Disbursement entertainment/9/10/06 summer picnic FR</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p>																				
<p>State: District:</p>	<p>Candidate Name</p>																					

<p>B. Full Name (Last, First, Middle Initial) New York Civil Liberties Union</p>		<p>Transaction ID: B63246FEA1E214B64AA4</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	1		2	0	0	6													
<p>Mailing Address 90 State Street</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	100.00																			
100.00																						
<p>City Albany State NY Zip Code 12207</p>	<p>Purpose of Disbursement Hon.Com.-11/15/06 event</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p>																				
<p>State: District:</p>	<p>Candidate Name</p>																					

<p>C. Full Name (Last, First, Middle Initial) Ponies for Hire</p>		<p>Transaction ID: BFE794A2D1507482D83C</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	1		2	0	0	6													
<p>Mailing Address c/o Sue Mason 2016 Berne Altamont Rd.</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	200.00																			
200.00																						
<p>City Altamont State NY Zip Code 12009</p>	<p>Purpose of Disbursement 9/10/06 Picnic event</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Category/Type</p>																				
<p>State: District:</p>	<p>Candidate Name</p>																					

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>675.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway City Troy State NY Zip Code 12180-9998 Purpose of Disbursement stamps Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B270C8C3C4A484856A19 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. REM Printing, Inc. Full Name (Last, First, Middle Initial) Mailing Address 55 Railroad Avenue City Albany State NY Zip Code 12205 Purpose of Disbursement printing picnic tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B93F2348F4C5E4FF5932 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 Amount of Each Disbursement this Period 299.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. SACC-Channel 16 Full Name (Last, First, Middle Initial) Mailing Address 115 N. Broadway City Schenectady State NY Zip Code 12305 Purpose of Disbursement 2006 membership renewal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: B725CB437C65844AD8DF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

477.16

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SEIU Communications Center, Inc.		Transaction ID: BA3303DAA379F4BBB992 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 330 West 42nd Street, 7th fl.		Amount of Each Disbursement this Period 2140.44
City New York State NY Zip Code 10036-6902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign/phone banking	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sierra Club Political Committee		Transaction ID: B07AFF7AFC4C54C5299C Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 408 C Street, NE		Amount of Each Disbursement this Period 20.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind:in-kind website endorsements	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. St. Peter's Hospital Foundation		Transaction ID: BFF001B1C59654654AC8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 317 South Manning Boulevard		Amount of Each Disbursement this Period 150.00
City Albany State NY Zip Code 12208	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hon.Com. 11/24/06 event	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2310.44
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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sysco Food Services of Albany, LLC

Transaction ID: BC04D4E7607594DD09ED

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	6

Mailing Address One Liebich Lane

Amount of Each Disbursement this Period

1501.77

City Halfmoon State NY Zip Code 12065

Purpose of Disbursement
food supplies 9/10/06 Campaign F/R Summe

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B. Full Name (Last, First, Middle Initial)
The Jewish World, Inc.

Transaction ID: B739E7069E3264433A6F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	6

Mailing Address 3 Vatrano Rd.

Amount of Each Disbursement this Period

270.00

City Albany State NY Zip Code 12205-3497

Purpose of Disbursement
AD-grtg.

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. Full Name (Last, First, Middle Initial)
The Mailworks

Transaction ID: B9CC3F10FB8884F899B2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	6

Mailing Address 45 Prospect Ave.

Amount of Each Disbursement this Period

1437.17

City Albany State NY Zip Code 12206

Purpose of Disbursement
campaign mailing

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3208.94

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Mailworks		Transaction ID: B6E4250AD02AC4D9699A Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 45 Prospect Ave.		Amount of Each Disbursement this Period 153.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12206	Purpose of Disbursement mailing services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Mailworks		Transaction ID: B09A262D865DC4E19B8E Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 45 Prospect Ave.		Amount of Each Disbursement this Period 174.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12206	Purpose of Disbursement services/campaign mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. The Mailworks		Transaction ID: B34FC268B787442D2A90 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 45 Prospect Ave.		Amount of Each Disbursement this Period 1437.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12206	Purpose of Disbursement campaign mailing services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1764.66
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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Mailworks		Transaction ID: BABC8F96E251C4045A50 Date of Disbursement 09 / 05 / 2006
Mailing Address 45 Prospect Ave.		Amount of Each Disbursement this Period 1437.17
City Albany State NY Zip Code 12206	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign mailing services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The Record		Transaction ID: B8650EDA025C54948BB0 Date of Disbursement 09 / 25 / 2006
Mailing Address 501 Broadway		Amount of Each Disbursement this Period 266.80
City Troy State NY Zip Code 12180-3381	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement subscription renewal	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Time Warner Cable		Transaction ID: BE293F6DA2C1449F5A1D Date of Disbursement 08 / 30 / 2006
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95
City Albany State NY Zip Code 12203-5336	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1748.92
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 checked="" 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 type="checkbox"/> 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: B66194B8A3D7E420ABF6 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 130 Washington Ave. Ext.		Amount of Each Disbursement this Period 44.95
City Albany State NY Zip Code 12203-5336	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet service Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tom Killips Photography		Transaction ID: B415AB845861E465EB68 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 142 Oakwood Avenue		Amount of Each Disbursement this Period 180.00
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign photos Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TRIP, Inc.		Transaction ID: B9AB2C07B74CC44F4ABA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 415 River Street		Amount of Each Disbursement this Period 150.00
City Troy State NY Zip Code 12180	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Hon.Com. 10/26/06 event Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	374.95
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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: BC4DE3C668A3640B9998 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 137 George St.		Amount of Each Disbursement this Period 8846.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Island State NY Zip Code 12183	Purpose of Disbursement postage/campaign mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: B7699677A890B4AFC9E3 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 137 George St.		Amount of Each Disbursement this Period 542.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Island State NY Zip Code 12183	Purpose of Disbursement mailing/invites Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: B87B74488990F45D98BD Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 137 George St.		Amount of Each Disbursement this Period 8846.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Island State NY Zip Code 12183	Purpose of Disbursement campaign mailing/postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	18235.27
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: BA202C0C7159B45C98AD Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 137 George St.		Amount of Each Disbursement this Period 651.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Island State NY Zip Code 12183	Purpose of Disbursement campaign mailing/postage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: B301AE9260C84418D911 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 137 George St.		Amount of Each Disbursement this Period 8846.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Green Island State NY Zip Code 12183	Purpose of Disbursement postage/campaign mailing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: BF742BC80F0D74402A3F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 62.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12250-0001	Purpose of Disbursement phone charges Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **9559.56**

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: B675C14D6758D48878F2 Date of Disbursement 08 / 29 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 89.55
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: B477A1CD1F6074DB88C4 Date of Disbursement 09 / 19 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 54.12
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: B3D8B513A4D4B4D319A7 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 61.70
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

205.37

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)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: BB7DE5AC20A5441E6ABA Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 88.68
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement phone charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: B24B69458267745BC91A Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 122.56
City Albany State NY Zip Code 12250-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cellular charges	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WildSands, LLC		Transaction ID: B95FEFF1903E04CACBD8 Date of Disbursement 08 / 29 / 2006
Mailing Address 48 Elm Street		Amount of Each Disbursement this Period 500.00
City Albany State NY Zip Code 12202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photograph/Campaign	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

711.24

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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Christopher Daus		Transaction ID: BD36AB90852E647EB9B8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1208 Hillside Ave.		Amount of Each Disbursement this Period 232.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Watervliet State NY Zip Code 12189	Purpose of Disbursement re-imbmt./supplies 9/10/06 summer picnic Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gerard McGill		Transaction ID: B485E2804AF674D3C89A Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Watervliet State NY Zip Code 12189	Purpose of Disbursement catering services/summer picnic Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Howard Schaffer		Transaction ID: BA34481329D604A3EBC9 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address Howard Schaffer Media Marketing 11 Computer Drive West		Amount of Each Disbursement this Period 3973.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Albany State NY Zip Code 12205-1620	Purpose of Disbursement campaign lawn signs Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5005.61
TOTAL This Period (last page this line number only) ▶	65020.83

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

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

<p>A. Bethesda House of Schenectady, Inc.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 418 Liberty Street</p> <p>City Schenectady State NY Zip Code 12305</p> <p>Purpose of Disbursement donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: BACD5F52CFB5D4AD3B03</p> <p>Date of Disbursement</p> <p>09 / 20 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Capital District Area Labor Federation</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 24 4th Street</p> <p>City Troy State NY Zip Code 12180</p> <p>Purpose of Disbursement tickets 10/6/06 event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B338D3C99057444E7B68</p> <p>Date of Disbursement</p> <p>08 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Colonie Democratic Committee</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 19 Louise Drive</p> <p>City Latham State NY Zip Code 12110</p> <p>Purpose of Disbursement ticket 9/7/06 event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: B1B8ABAF476374F3AA88</p> <p>Date of Disbursement</p> <p>08 / 24 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

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	<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 Congressional Campaign Comm.		Transaction ID: B557B64464C4D40D085B Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 430 South Capitol St.		Amount of Each Disbursement this Period 50000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement unlimited transfer to Nat'l Party Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Devine For Justice		Transaction ID: B33C20DD89BB14A8B845 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address c/o John Chiamonte 8 Vatrano Lane		Amount of Each Disbursement this Period 300.00
City Loudonville State NY Zip Code 12211	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ticket 9/19/06 event Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Disabled American Veterans		Transaction ID: B8147399152C94CE197C Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address PO Box 14301		Amount of Each Disbursement this Period 100.00
City Cincinnati State OH Zip Code 45250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement donation Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	50400.00
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	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

<p>A. Friends of Dan Maffei</p> <p>Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 74</p>		<p>Transaction ID: B2802BA3CCCE7480EB19</p> <p>Date of Disbursement 09 / 29 / 2006</p>
<p>City Syracuse State NY Zip Code 13214</p>	<p>Purpose of Disbursement contri. (House-25th CD.N.Y.)</p>	<p>Amount of Each Disbursement this Period 1000.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>B. Friends of Peggy King</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 812 DeCamp Ave.</p>		<p>Transaction ID: B2EDAB83E14814B86B01</p> <p>Date of Disbursement 09 / 20 / 2006</p>
<p>City Schenectady State NY Zip Code 12309</p>	<p>Purpose of Disbursement tickets 9/21/06 event</p>	<p>Amount of Each Disbursement this Period 100.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>C. Green Island Fire Department</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 7 Clinton Street</p>		<p>Transaction ID: BBB4D9748DD214135BA0</p> <p>Date of Disbursement 09 / 05 / 2006</p>
<p>City Green Island State NY Zip Code 12183</p>	<p>Purpose of Disbursement tickets 9/10/06 event</p>	<p>Amount of Each Disbursement this Period 100.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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	<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

A. Guilderland Democratic Committee Transaction ID: B974C2E9AF50C40BA8B5
Date of Disbursement

Mailing Address Box 741

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	6	

City Guilderland State NY Zip Code 12084

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
tickets 10/5/06 event

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

B. John Hall for Congress Transaction ID: BA93DA10D8A0D4210829
Date of Disbursement

Mailing Address P.O. Box 377

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	6	

City Dover Plains State NY Zip Code 12522

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution(House-19th CD.N.Y.)

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

C. Juvenile Diabetes Foundation Transaction ID: BD9BD1D64027646CCB98
Date of Disbursement

Mailing Address Northeastern NY Chapter
6 Greenwood Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	6	

City East Greenbush State NY Zip Code 12061

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
9/17/06 Walk/donation

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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**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	<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

A. Full Name (Last, First, Middle Initial)
Lansingburgh Boys and Girls Club

Mailing Address 501 Fourth Ave.

City Troy State NY Zip Code 12182

Purpose of Disbursement
tickets 10/19/06 event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BAAAEDFD9D86A424CA8C

Date of Disbursement

09 / 20 / 2006

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Legnard-Curtin Post American Legion

Mailing Address Cohoes Rd

City Green Island State NY Zip Code 12183

Purpose of Disbursement
donation

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B161E3353331A4F3DBA7

Date of Disbursement

09 / 13 / 2006

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Massa for Congress

Mailing Address 60 East Market Street
Suite 244

City Corning State NY Zip Code 14830

Purpose of Disbursement
Contribution (House-29th CD.N.Y.)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B69F995EBD2B14E67A96

Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1200.00

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 50 / 50

<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

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. Rotterdam Democratic Club, Inc		Transaction ID: BB8E0B029F33540BCA49 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address Heritage Station P.O. Box 4821		Amount of Each Disbursement this Period 18.00
City Schenectady	State NY	
Zip Code 12303	Purpose of Disbursement tickets 9/26/06 mtg.	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Schenectady First Fund		Transaction ID: BE2784D3AFE3B472589E Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address P.O. Box 739		Amount of Each Disbursement this Period 150.00
City Schenectady	State NY	
Zip Code 12301-0739	Purpose of Disbursement ticket 9/14/06 event	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

168.00

TOTAL This Period (last page this line number only) ►

55068.00