

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) Friends of Dan Maffei</p> <p>Mailing Address P.O. Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement contri. (House-25th CD.N.Y.)</p> <p>Candidate Name</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>Transaction ID: B2802BA3CCCE7480EB19</p> <p>Date of Disbursement 09 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>B. Friends of Peggy King</p> <p>Full Name (Last, First, Middle Initial) Friends of Peggy King</p> <p>Mailing Address 812 DeCamp Ave.</p> <p>City Schenectady State NY Zip Code 12309</p> <p>Purpose of Disbursement tickets 9/21/06 event</p> <p>Candidate Name</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>Transaction ID: B2EDAB83E14814B86B01</p> <p>Date of Disbursement 09 / 20 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Green Island Fire Department</p> <p>Full Name (Last, First, Middle Initial) Green Island Fire Department</p> <p>Mailing Address 7 Clinton Street</p> <p>City Green Island State NY Zip Code 12183</p> <p>Purpose of Disbursement tickets 9/10/06 event</p> <p>Candidate Name</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>Transaction ID: BBB4D9748DD214135BA0</p> <p>Date of Disbursement 09 / 05 / 2006</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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SUBTOTAL of Disbursements This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	