

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 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

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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 0	^M 9	/	^D 1	^D 3	/	^Y 2	^Y 0	^Y 0	^Y 6
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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 0	^M 9	/	^D 2	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 6
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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 0	^M 8	/	^D 2	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 6
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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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