

**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 49 / 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.** 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) ..... ►