

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 Green Island NY 12183

2. FEC IDENTIFICATION NUMBER C00230417 3. IS THIS REPORT NEW OR AMENDED CITY STATE ZIP CODE STATE DISTRICT

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 09 12 2006 in the State of NY (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 01 2006 through 08 23 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 08 29 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:    To:

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	52595.00	343931.93
(b) Total Contribution Refunds (from Line 20(d)).....	250.00	3150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52345.00	340781.93
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	60555.54	211745.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	560.00	1334.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	59995.54	210411.36
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	358335.80	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
MCNULTY FOR CONGRESS

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	8

D	D
2	3

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).....

29200.00

123025.00

(ii) Unitemized.....

795.00

22800.00

(iii) TOTAL of contributions

29995.00

145825.00

from individuals..... ▶

100.00

9006.93

(b) Political Party Committees.....

22500.00

189100.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

52595.00

343931.93

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

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.).....

560.00

1334.57

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

709.14

7415.45

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

53864.14

352681.95

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	60555.54	211745.93
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).....	250.00	3150.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	3150.00
21. OTHER DISBURSEMENTS.....	8100.00	103071.95
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	68905.54	317967.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	373377.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	53864.14
25. SUBTOTAL (add Line 23 and Line 24).....	427241.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68905.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	358335.80

**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 / 44
	<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)  
James J. Albertine

Mailing Address 6307 Mountain Branch Ct.

City State Zip Code  
Bethesda MD 20817

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

Name of Employer Occupation  
Albertine Enterprises Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

**Transaction ID:** AA39A7BB5818D45BCA05

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)  
John M. Albertine

Mailing Address 100 Federal Dr.

City State Zip Code  
Fredericksburg VA 22405

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

Name of Employer Occupation  
Albertine Enterprises Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2006

**Transaction ID:** A293B1DC0100F403A9E9

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Steven P. Boyle

Mailing Address 44 Stockbridge Rd.

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer Occupation  
St. Peters Hospital CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2006

**Transaction ID:** AC9F361262FC74494AE5

Amount of Each Receipt this Period  
125.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3125.00</b>
<b>TOTAL</b> 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 / 44
	<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

Full Name (Last, First, Middle Initial) <b>A. David M. Buicko</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 6	
Mailing Address Galesi Group 120 Christopher Lane		Transaction ID: A35814C83A78C4D49A98	
City State Zip Code Altamont NY 12009		Amount of Each Receipt this Period 2100.00	
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 Galesi Group COO			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. Wilfred N. Cooper, Sr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 6	
Mailing Address 17782 SkyPark Cir.		Transaction ID: A376BA56B1A0A4BB191D	
City State Zip Code Irvine CA 92614		Amount of Each Receipt this Period 200.00	
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 WNC & Associates, Inc. Chairman			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas R. Holmes</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 1 / 2 0 0 6	
Mailing Address 612 Juan Anasco Dr.		Transaction ID: A5573B37A050B471DB1E	
City State Zip Code Longboat Key FL 34228-1425		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 Occupation technology companies Investor			
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4300.00
<b>TOTAL</b> 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 / 44
	<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)  
Thomas I. Kempner

Mailing Address 61 Broadway

City State Zip Code  
New York NY 10006

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

Name of Employer technology companies Occupation Investor

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  
07 / 11 / 2006

Transaction ID: A27FDC6611705471FA80

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)  
Donald Led Duke

Mailing Address PO Box 12789

City State Zip Code  
Albany NY 12212

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

Name of Employer BBL Construction Services Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: A2A4349FA9CDD4BA8B4B

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)  
Donald Led Duke

Mailing Address PO Box 12789

City State Zip Code  
Albany NY 12212

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

Name of Employer BBL Construction Services Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 04 / 2006

Transaction ID: A41F0B56F9E5F46888AF

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 / 44
	<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)  
Mrs. MaryLouise Led Duke

Mailing Address P O Box 12789

City Albany State NY Zip Code 12212

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

Name of Employer ML,LP Occupation Member/Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** AB5F077B0AF724AC7901

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)  
Mrs. MaryLouise Led Duke

Mailing Address P O Box 12789

City Albany State NY Zip Code 12212

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

Name of Employer ML,LP Occupation Member/Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** ABC7A62000ECD401A9E4

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Scott Led Duke

Mailing Address P.O. Box 541

City Guilderland State NY Zip Code 12084

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

Name of Employer SAL, LP Occupation Member/Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

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

**Transaction ID:** A638979F6B0214A5BA5F

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) ..... ► **6000.00**

**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 / 44
	<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

Full Name (Last, First, Middle Initial) <b>A. Scott Led Duke</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address P.O. Box 541		<b>Transaction ID: A2CFF878F78BF4E59912</b>	
City Guilderland	State NY	Amount of Each Receipt this Period 2000.00	
Zip Code 12084		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer SAL, LP	Occupation Member/Manager	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>B. Slade Led Duke</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address P.O. Box 541		<b>Transaction ID: AF9799234316C4F2EA03</b>	
City Guilderland	State NY	Amount of Each Receipt this Period 2000.00	
Zip Code 12084		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer SML, LP	Occupation Member/Manager	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

Full Name (Last, First, Middle Initial) <b>C. Slade Led Duke</b>		Date of Receipt M M / D D / Y Y Y Y Y 08 / 04 / 2006	
Mailing Address P.O. Box 541		<b>Transaction ID: ADC0BFD6F126D491A8D1</b>	
City Guilderland	State NY	Amount of Each Receipt this Period 2000.00	
Zip Code 12084		Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer SML, LP	Occupation Member/Manager	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6000.00

# 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 / 44
	<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)  
Philip J. Pellegrino

Mailing Address 58 Heron Drive

City Marlboro State NJ Zip Code 07746-1905

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

Name of Employer Super Power, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
07 / 11 / 2006

Transaction ID: A667B024C9C0D449F874

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)  
Steven K. Porter

Mailing Address 695 Rotterdam Industrial Park

City Schenectady State NY Zip Code 12306-1984

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

Name of Employer Galesi Group Occupation Senior V. P.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
08 / 21 / 2006

Transaction ID: A9DD925974BE84D009C7

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)  
Frank J. Ronkese

Mailing Address 4 Groot Drive

City Altamont State NY Zip Code 12009

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

Name of Employer Galesi Group Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
08 / 21 / 2006

Transaction ID: A799164786D5D4C1EA2D

Amount of Each Receipt this Period  
800.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 / 44
	<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	

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NAME OF COMMITTEE (In Full)  
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Jennifer Schafer</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2006
Mailing Address 217 10th Street, NE		<b>Transaction ID:</b> A19D6D433D0BB4655B90
City Washington State DC Zip Code 20002	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Plug Power, Inc. Occupation Consultant	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>B. Faith Ann Takes</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2006
Mailing Address 6139 Nott Rd		<b>Transaction ID:</b> ADC337E0AF0934DA2813
City Guilderland State NY Zip Code 12084	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 125.00
Name of Employer Mildred Elley Occupation President / Owner	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C. Paul Weafer</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2006
Mailing Address 193 Winthrop Ave		<b>Transaction ID:</b> A8F027FDC240A4A4E9B2
City Albany State NY Zip Code 12206-1417	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer NYS Legislature Occupation Lawyer	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>29200.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 44	
	(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) Committee to Elect Tom DiMezza	
Mailing Address P.O. Box 852	
City Amsterdam	State Zip Code NY 12010
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 100.00

Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006
Transaction ID: AE7437F430B68455983D
Amount of Each Receipt this Period 100.00
Check <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	100.00
TOTAL This Period (last page this line number only) .....	100.00

# 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 13 / 44
	<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 Federation of Teachers COPE

Mailing Address 555 New Jersey Avenue, N.W.

City Washington State DC Zip Code 20001-2029

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  
0 8 / 2 2 / 2 0 0 6

**Transaction ID:** A82AADD384BE54D298BE

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)  
American Federation of Teachers COPE

Mailing Address 555 New Jersey Avenue, N.W.

City Washington State DC Zip Code 20001-2029

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  
0 8 / 2 2 / 2 0 0 6

**Transaction ID:** A715C9EBD2A70447084F

Amount of Each Receipt this Period  
1250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bond Market Association

Mailing Address 1399 New York Avenue, NW  
8th Floor

City Washington State DC Zip Code 20005-4711

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  
0 7 / 0 6 / 2 0 0 6

**Transaction ID:** A380A473D88DA4BDABF5

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7250.00</b>
<b>TOTAL</b> 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 14 / 44
	(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)  
Drive Political Fund

Mailing Address 25 Louisiana Ave., N.W.

City Washington State DC Zip Code 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 ▼  
4125.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	0	6

**Transaction ID:** A09E34F89A7724265A74

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Genworth Financial PAC

Mailing Address 701 13th Street, NW Suite 710

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 ▼  
2000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	6

**Transaction ID:** A2B96DADF292B47FBBB5

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)  
Honeywell PAC

Mailing Address 101 Constitution Avenue, NW Suite 500 West

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 ▼  
3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	0	6

**Transaction ID:** A031C1AA4212B4E9DB2D

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 15 / 44
	<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)  
Metropolitan Life Insurance Company

Mailing Address Employees' Political Participation  
One Metlife Plaza

City Long Island City State NY Zip Code 11101

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 Y  
07 / 27 / 2006

Transaction ID: A63578AC4D6F648F88C6

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)  
National Association of Insurance

Mailing Address and Financial Advisors PAC  
2901 Telstar Ct.

City Falls Church State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 27 / 2006

Transaction ID: AF92C1252A13E46E4853

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Northwestern Mutual Life Insurance

Mailing Address Company Federal PAC  
720 E. Wisconsin Ave. #647

City Milwaukee State WI Zip Code 53202-4797

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  
07 / 21 / 2006

Transaction ID: A442AF665A61A4D2DAC9

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 16 / 44
	<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)  
OpPAC

Mailing Address 498 7th Ave., 10th Floor

City State Zip Code  
New York NY 10018

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  
07 / 27 / 2006

**Transaction ID:** A19A1492B22EB4D33913

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)  
Patton Boggs Political Action Committee

Mailing Address 2550 M Street NW Suite 800

City State Zip Code  
Washington DC 20037-1350

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  
08 / 22 / 2006

**Transaction ID:** AA1854032574B4D22B7A

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)  
Prudential Financial PAC

Mailing Address 751 Broad Street

City State Zip Code  
Newark NJ 07102

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 / 03 / 2006

**Transaction ID:** A90EE98303BED456AA41

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 17 / 44
	<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) <b>A. Rochester Regional Joint Board State PAC</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 750 East Ave.		<b>Transaction ID: A60878865CA5B4AC18BC</b>	
City State Zip Code Rochester NY 14607	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. TREA Senior Citizens League PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2006	
Mailing Address 909 N. Washington Street Suite 300		<b>Transaction ID: A9B8CE7FCD4304039961</b>	
City State Zip Code Alexandria VA 22314-1555	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>C. USAA Political Action Committee</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address USAA Federal Legislative Affairs 1455 F Street-Suite 420		<b>Transaction ID: A719C9909CDA54966BCC</b>	
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	2250.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 44	
	(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 checked="" 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 Brian Stratton	
Mailing Address 729 DeCamp Ave.	
City Schenectady	State NY
Zip Code 12309	
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 560.00

Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Transaction ID: A22C7C84AA40C4950860
Amount of Each Receipt this Period 560.00
Excess NYS Contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....	560.00
TOTAL This Period (last page this line number only) .....	560.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 44
	(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

Mailing Address 100 Mohawk Street

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 ▼  
1000.12

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** AD020CD266145412AB89

Amount of Each Receipt this Period  
4.48

Bank Interest  
 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

Mailing Address 148 George Street

City State Zip Code  
Green Island NY 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 ▼  
6805.63

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2006

**Transaction ID:** AF01A367034DB4B4EB32

Amount of Each Receipt this Period  
704.66

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>709.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>709.14</b>

**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 20 / 44

<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) <b>A. Albany County Democratic Committee</b>		Transaction ID: B523CADE94EE547F7AA7 Date of Disbursement 08 / 07 / 2006
Mailing Address 22 Colvin Ave.		Amount of Each Disbursement this Period 650.00
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 sponsorship 8/21/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Alchar Printing</b>		Transaction ID: BED64FC56D4364C0CAC7 Date of Disbursement 08 / 04 / 2006
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 1408.47
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 printing/env.mailpostingage 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>C. Alchar Printing</b>		Transaction ID: B369579A45AAC419FA94 Date of Disbursement 08 / 08 / 2006
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 1083.24
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 printing 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3141.71
<b>TOTAL</b> 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 21 / 44

<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) <b>A. Alchar Printing</b>		<b>Transaction ID:</b> B2716B2998BD1488EB8F Date of Disbursement 08 / 22 / 2006
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 770.16
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 printing/mail invites FR	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>B. Alchar Printing</b>		<b>Transaction ID:</b> B8EA2D56414A148F4888 Date of Disbursement 08 / 22 / 2006
Mailing Address 602 Pawling Ave.		Amount of Each Disbursement this Period 2317.68
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 printing/palm cards	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>C. Alfred Diamante</b>		<b>Transaction ID:</b> B0CBC450171D14A5CB7E Date of Disbursement 08 / 22 / 2006
Mailing Address P.O. Box 967		Amount of Each Disbursement this Period 291.79
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 photographer/FR 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3379.63</b>
<b>TOTAL</b> 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) <b>A. American Express</b>		Transaction ID: BF3A1C841FEF44813B82 Date of Disbursement 08 / 01 / 2006
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 170.02
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card: See below 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: BB33DAA1B9E404E9BA4A Date of Disbursement 07 / 06 / 2006
Mailing Address P.O. Box 360001		Amount of Each Disbursement this Period 1012.11
City Fort Lauderdale State FL Zip Code 33336-0001	Purpose of Disbursement Credit Card: See Below 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>		Transaction ID: B46A788A3CB374798847 Date of Disbursement 08 / 09 / 2006
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement consulting fees/records database 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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3182.13

**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. Aristotle International, Inc.** Transaction ID: B8D8A6A124CFA48339D9  
Date of Disbursement

Mailing Address 205 Pennsylvania Ave. SE

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
software support upgrade  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
 Other (specify) ▼  
State: District:

**B. Catholic Charities Transportation Program** Transaction ID: B640484FB604A420ABD3  
Date of Disbursement

Mailing Address P.O. Box 444

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	6

City Troy State NY Zip Code 12181

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
Hon.Com 9/10/06 event  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
 Other (specify) ▼  
State: District:

**C. CCHS Endowment Fund** Transaction ID: B9B8374047385488E9D5  
Date of Disbursement

Mailing Address c/o Catholic Central High School  
625 Seventh Ave.

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	0	6

City Troy State NY Zip Code 12182-2595

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Hon.Com 9/11/06 event  
Candidate Name

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  
 Other (specify) ▼  
State: District:

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

2350.00

**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

Full Name (Last, First, Middle Initial) <b>A. Centro Civico of Amsterdam, Inc.</b>		<b>Transaction ID:</b> B6BB2A369890840328CC Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 143-145 East Main Street		Amount of Each Disbursement this Period 200.00
City Amsterdam State NY Zip Code 12010	<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		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cohoes Democratic Committee</b>		<b>Transaction ID:</b> BC88B0BC260F14A2C8FE Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 613		Amount of Each Disbursement this Period 125.00
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 Ad-9/24/06 event		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Community Hospice of Rensselaer County</b>		<b>Transaction ID:</b> B3CE55C8057B74960BE0 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address 1 Fairlawn Lane		Amount of Each Disbursement this Period 199.00
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 sponsorship 9/18/06		Category/ Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	524.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Crowne Plaza Albany</p> <p>Mailing Address State and Lodge Streets</p> <p>City Albany State NY Zip Code 12207</p> <p>Purpose of Disbursement Campaign luncheon</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><b>Transaction ID:</b> B7C63B9ECAC7D44AF90C</p> <p>Date of Disbursement 07 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 27.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Comm.</p> <p>Mailing Address 430 South Capitol St.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement unlimited transfer/Nat'l Party</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><b>Transaction ID:</b> B2CE965324A654FE9817</p> <p>Date of Disbursement 07 / 21 / 2006</p> <p>Amount of Each Disbursement this Period 40000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Felthousen's Florist &amp; Greenhouse</p> <p>Mailing Address 250 Columbia St.</p> <p>City Cohoes State NY Zip Code 12047</p> <p>Purpose of Disbursement sympathy basket</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><b>Transaction ID:</b> B9FB69E9068CE45DBB10</p> <p>Date of Disbursement 07 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 47.52</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) ..... ▶

40047.52

**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) <b>A. Felthousen's Florist &amp; Greenhouse</b>		<b>Transaction ID:</b> B3F5C84527D5642C2AF0 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 6
Mailing Address 250 Columbia St.		Amount of Each Disbursement this Period 118.80
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 baskets 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>B. Fort Orange Press</b>		<b>Transaction ID:</b> BBABC67E80CD14EA7AD4 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 11 Sand Creek Road P.O. Box 828		Amount of Each Disbursement this Period 419.04
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 window 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fulton Co. Regional Chamber of Commerce</b>		<b>Transaction ID:</b> B41C044D9281C4459938 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 2 N. Main Street		Amount of Each Disbursement this Period 195.00
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 annual membership dues 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) ..... ►

**732.84**

**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) <b>A. Gramercy Communications</b>		<b>Transaction ID:</b> BD928FB93D78443DD9D8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
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 campaign consultant 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:		

Full Name (Last, First, Middle Initial) <b>B. Gramercy Communications</b>		<b>Transaction ID:</b> BAAF8459B38464FF3B55 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 119 Winthrop Avenue		Amount of Each Disbursement this Period 1675.00
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 graphic design work/campaign		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) <b>C. Hyatt Regency</b>		<b>Transaction ID:</b> BBB507147C4BC49FEA71 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address Two Fountain Plaza		Amount of Each Disbursement this Period 565.70
City Buffalo State NY Zip Code 14202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign Travel		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:		

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3175.00**

**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

**A.** Full Name (Last, First, Middle Initial)  
Irish American Heritage Museum

Mailing Address 991 Broadway  
Suite 101

City Albany State NY Zip Code 12204

Purpose of Disbursement  
tee sponsorship 8/21/06 event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** BFBBEA4C58D2748EA9C3

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

150.00

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

**B.** Full Name (Last, First, Middle Initial)  
Local 106 Voluntary Political

Mailing Address Action Fund (Operating Engineers,  
44 Hannay Lane

City Glenmont State NY Zip Code 12077

Purpose of Disbursement  
AD/8/27/06 event

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** B8E8731DF932F4C39B2F

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

200.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Democratic Club

Mailing Address 30 Ivy St., S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
club charges

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** B547248CB812A447AA84

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

79.50

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

**SUBTOTAL** of Disbursements This Page (optional) .....

429.50

**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) <b>A. National Democratic Club</b>		Transaction ID: B975D2380A7F840AF8BB Date of Disbursement 08 / 10 / 2006
Mailing Address 30 Ivy St., S.E.		Amount of Each Disbursement this Period 259.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement club charges 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) <b>B. Postmaster</b>		Transaction ID: B10179B06822242AC88F Date of Disbursement 07 / 20 / 2006
Mailing Address 400 Broadway		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
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 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) <b>C. Postmaster</b>		Transaction ID: B548CC6F1309543F1BC9 Date of Disbursement 08 / 08 / 2006
Mailing Address 400 Broadway		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
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 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) ..... ▶

415.94

**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

<b>A. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway City Troy State NY Zip Code 12180-9998 Purpose of Disbursement stamps for campaign mailing 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) ▼		<b>Transaction ID:</b> B869B43AAF6014F828F2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
---	--	---

<b>B. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 400 Broadway City Troy State NY Zip Code 12180-9998 Purpose of Disbursement campaign mailing 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) ▼		<b>Transaction ID:</b> B4651C9FFBBC2476D9A2 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 402.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
--	--	---

<b>C. Rensselaer K Of C</b> Full Name (Last, First, Middle Initial) Mailing Address c/o Pat Riley 705 Washington Avenue City Rensselaer State NY Zip Code 12144 Purpose of Disbursement Flag Sponsorship-8/6/06 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) ▼		<b>Transaction ID:</b> BCD50DCADD9E54F8DAE1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6 <b>Amount of Each Disbursement this Period</b> 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

619.37

**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) <b>A. Rotterdam Democratic Committee</b>		<b>Transaction ID:</b> BBA8E6908775C451BA7B Date of Disbursement 07 / 25 / 2006
Mailing Address 422 Briancrest Court		Amount of Each Disbursement this Period 200.00
City Schenectady State NY Zip Code 12306	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD-9/15/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		<b>Transaction ID:</b> BBF4A4C2FEF074D77A2C Date of Disbursement 07 / 11 / 2006
Mailing Address 601 Troy-Schenectady Road		Amount of Each Disbursement this Period 332.10
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 toner supplies/copier 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>C. The Mailworks</b>		<b>Transaction ID:</b> B61BC1188F5BE4D9A87F Date of Disbursement 08 / 08 / 2006
Mailing Address 45 Prospect Ave.		Amount of Each Disbursement this Period 171.25
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 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) ..... ► **703.35**

**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) <b>A. Time Warner Cable</b>		<b>Transaction ID:</b> B491470AF53294AFC90E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Time Warner Cable</b>		<b>Transaction ID:</b> BFB691AF8B82D45FAB02 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Time Warner Cable</b>		<b>Transaction ID:</b> B60B645523CB04B10B07 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	134.85
<b>TOTAL</b> 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) <b>A. U.S. Postmaster</b>		Transaction ID: B969470F419D14847B1E Date of Disbursement 08 / 10 / 2006
Mailing Address 137 George St.		Amount of Each Disbursement this Period 248.00 <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 box fee rental 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>B. US House Members Dining Room</b>		Transaction ID: B2C777992BDA645019C7 Date of Disbursement 06 / 29 / 2006
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 80.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20515	Purpose of Disbursement Lunch Meeting 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>C. US House Members Dining Room</b>		Transaction ID: B53264D64242447568CD Date of Disbursement 05 / 26 / 2006
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 36.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20515	Purpose of Disbursement Lunch Meeting 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) ..... ▶

248.00

**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

Full Name (Last, First, Middle Initial) <b>A. US House Members Dining Room</b>		<b>Transaction ID:</b> B4CCF8480FC75450485D Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 6
Mailing Address Rayburn Building		Amount of Each Disbursement this Period 77.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20515	Purpose of Disbursement Lunch Meeting 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>B. Verizon</b>		<b>Transaction ID:</b> BB953A3624C754E4E8B6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 55.31 <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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> BED614B54647943E69CB Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 62.80 <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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	118.11
<b>TOTAL</b> 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) <b>A. Verizon</b>		<b>Transaction ID:</b> B442F7A1AA4794F7197E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 63.78
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		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> BA7703A661D854FE399A Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 127.33
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		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		<b>Transaction ID:</b> BD207C27BF6C64881A51 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address PO Box 1100		Amount of Each Disbursement this Period 130.19
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		Category/ Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>321.30</b>
<b>TOTAL</b> 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) <b>A. Verizon</b>		Transaction ID: B8C620A2654E6410C95C Date of Disbursement 08 / 22 / 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Whitney M. Young, Jr. Health Center, Inc</b>		Transaction ID: B92192F004F4449EA8C3 Date of Disbursement 08 / 01 / 2006
Mailing Address 920 Lark Drive		Amount of Each Disbursement this Period 150.00
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 Hon.Com. 10/25/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charlie J. Diamond</b>		Transaction ID: B7551BEA0943D4B5AA94 Date of Disbursement 07 / 11 / 2006
Mailing Address 22 Manor Place		Amount of Each Disbursement this Period 314.84
City Watervliet State NY Zip Code 12189	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Campaign lodging / travel reimbursement	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>518.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>60042.21</b>

**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 checked="" 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.** Rochester Regional Joint Board State PAC

Mailing Address 750 East Ave.

City Rochester State NY Zip Code 14607

Purpose of Disbursement  
Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: BEF451CE8E7B04A6FB8A

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	8		1	0		2	0	0	6

Amount of Each Disbursement this Period

250.00
--------

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

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00

# 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 38 / 44

<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) <b>A. Albany County Democratic Committee</b>		<b>Transaction ID:</b> B037F6F43E5724815A58 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 6
Mailing Address 22 Colvin Ave.		Amount of Each Disbursement this Period 1000.00 <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 tickets 7/22/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Andrew Cuomo for Attorney General, Inc.</b>		<b>Transaction ID:</b> BD24B2620555C47AAB9F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 386 Park Avenue South 10th floor		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10016	Purpose of Disbursement tickets 8/8/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. ARCURI for Congress</b>		<b>Transaction ID:</b> B2DAA3257FDA24047BA2 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Utica State NY Zip Code 13505	Purpose of Disbursement contribution (NY 24th C.D.) 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) ..... ▶

3500.00

**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)

<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.** Cohoes Democratic Committee  
Transaction ID: BBB17C80A184B4E6CB9A  
Date of Disbursement

Mailing Address P.O. Box 613

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	6

City Cohoes State NY Zip Code 12047

Amount of Each Disbursement this Period  
100.00

Purpose of Disbursement  
tickets 9/24/06 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.** Committee To Elect Bob Reilly  
Transaction ID: B11CE16DD0B2C4CEE865  
Date of Disbursement

Mailing Address 19 Louise Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	6

City Latham State NY Zip Code 12110

Amount of Each Disbursement this Period  
1000.00

Purpose of Disbursement  
tickets 8/29/06 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:

**C.** Community Hospice, African Aids Partnership  
Transaction ID: B2710B79B75034C9D93D  
Date of Disbursement

Mailing Address 1531 NY 43

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	6

City Stephentown State NY Zip Code 12143

Amount of Each Disbursement this Period  
250.00

Purpose of Disbursement  
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) ..... ►

1350.00

**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) <b>A. Democratic Assembly Campaign Committee</b>		<b>Transaction ID:</b> B259F24155A7F4DE2AAE Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 107 Washington Ave Suite 1LL		Amount of Each Disbursement this Period 250.00
City Albany State NY Zip Code 12210	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ticket 8/9/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Gary McCarthy</b>		<b>Transaction ID:</b> B0A07FDD9BA9149E78F4 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address c/o Carl Erickson 1538 Wendell Avenue		Amount of Each Disbursement this Period 250.00
City Schenectady State NY Zip Code 12308	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets 7/27/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Fulton County Democratic Committee</b>		<b>Transaction ID:</b> BF4F03ABB026D4747B90 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6
Mailing Address 2470 State Highway 29		Amount of Each Disbursement this Period 200.00
City Johnstown State NY Zip Code 12095	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets 8/19/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	700.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Glenville Democrats</p> <p>Mailing Address 594 Goldfoot Road</p> <p>City Glenville State NY Zip Code 12302</p> <p>Purpose of Disbursement tickets 8/15/06 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><b>Transaction ID:</b> B0031C841410C42D0A27</p> <p>Date of Disbursement 08 / 07 / 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>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Guilderland Democratic Committee</p> <p>Mailing Address Box 741</p> <p>City Guilderland State NY Zip Code 12084</p> <p>Purpose of Disbursement tickets 8/3/06 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><b>Transaction ID:</b> B0A10D5580BA248629E0</p> <p>Date of Disbursement 07 / 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>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Rotterdam Democratic Committee</p> <p>Mailing Address 422 Briancrest Court</p> <p>City Schenectady State NY Zip Code 12306</p> <p>Purpose of Disbursement tickets 9/15/06 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><b>Transaction ID:</b> BB9F3D58A0366426F9B9</p> <p>Date of Disbursement 07 / 25 / 2006</p> <p>Amount of Each Disbursement this Period 140.00</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) ..... ▶

340.00

**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) <b>A. Schenectady County Democratic Committee</b>		<b>Transaction ID:</b> BB8B3E5A4783C47FAB68 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 809 Pinewood Avenue		Amount of Each Disbursement this Period 140.00
City Niskayuna State NY Zip Code 12309	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets 7/22/06 bkfst. 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. Schoharie County Democratic Committee</b>		<b>Transaction ID:</b> BD47098FA8C194881AA8 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6
Mailing Address 337 Barnerville Rd.		Amount of Each Disbursement this Period 100.00
City Cobleskill State NY Zip Code 12043	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets 8/27/06 barbecue 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>C. Spitzer 2006</b>		<b>Transaction ID:</b> B8881B5EC331041A6B45 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 895 Broadway 5th Floor		Amount of Each Disbursement this Period 100.00
City New York State NY Zip Code 10003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ticket 8/10/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

340.00

**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) <b>A. Spitzer 2006</b>		<b>Transaction ID:</b> BCC3AFFD984E54FF3BA5 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 895 Broadway 5th Floor		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets 8/2/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Spitzer 2006</b>		<b>Transaction ID:</b> B70BC358C408F4D63978 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 895 Broadway 5th Floor		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets 8/2/06 reception 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>C. Spitzer 2006</b>		<b>Transaction ID:</b> B451EDB02539944A39EB <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 895 Broadway 5th Floor		Amount of Each Disbursement this Period 500.00
City New York State NY Zip Code 10003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ticket 8/14/06 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

**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) <b>A. Watervliet Democratic Committee</b>		<b>Transaction ID:</b> BC7371ADF729E492799F Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 1312 4th Avenue		Amount of Each Disbursement this Period 100.00	
City Watervliet	State NY	Zip Code 12189	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement tickets 8/20/06 event		Category/ Type	
Candidate Name		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7830.00</b>