

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Crowne Plaza Albany		Transaction ID: B7C63B9ECAC7D44AF90C Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 4 / 2 0 0 6
Mailing Address State and Lodge Streets		Amount of Each Disbursement this Period 27.47
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 Campaign luncheon Candidate Name	Category/Type	[MEMO ITEM]
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. Democratic Congressional Campaign Comm.		Transaction ID: B2CE965324A654FE9817 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 430 South Capitol St.		Amount of Each Disbursement this Period 40000.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement unlimited transfer/Nat'l Party Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Felthousen's Florist & Greenhouse		Transaction ID: B9FB69E9068CE45DBB10 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 250 Columbia St.		Amount of Each Disbursement this Period 47.52
City Cohoes State NY Zip Code 12047	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement sympathy basket Candidate Name	Category/Type	[MEMO ITEM]
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) ▶

40047.52

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