SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
MCNULTY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Albany County Democratic Committee

Mailing Address   22 Colvin Ave.

City	State	Zip Code
Albany	NY	12206

Purpose of Disbursement
tickets 7/22/06 event

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2006
☒ Primary   ☐ General
☐ Other (specify) ▼

Transaction ID: B037F6F43E5724815A58
Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Cuomo for Attorney General, Inc.

Mailing Address   386 Park Avenue South
10th floor

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
tickets 8/8/06 event

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2006
☒ Primary   ☐ General
☐ Other (specify) ▼

Transaction ID: BD24B2620555C47AAB9F
Date of Disbursement

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

Amount of Each Disbursement this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
ARCURI for Congress

Mailing Address   P.O. Box 8508

City	State	Zip Code
Utica	NY	13505

Purpose of Disbursement
contribution (NY 24th C.D.)

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2006
☒ Primary   ☐ General
☐ Other (specify) ▼

Transaction ID: B2DAA3257FDA24047BA2
Date of Disbursement

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

Amount of Each Disbursement this Period
1000.00

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

SUBTOTAL of Disbursements This Page (optional) .... ▶   3500.00

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

FEC **Schedule B (Form 3)** Rev. 02/2003