

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

McNulty for Congress

ADDRESS (number and street) Check if different than previously reported.
PO Box 1580

CITY, STATE and ZIP CODE STATE/DISTRICT
Green Island, NY 12183 NY 21

2. FEC IDENTIFICATION NUMBER **2001 APR 11 A 11:38**
C00290417

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____
in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
01/01/2000 through 03/31/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$17850.00	\$17850.00
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$17850.00	\$17850.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$31357.23	\$31357.23
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$31357.23	\$31357.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$285919.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3420

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 J. McNulty III

Signature of Treasurer *John J. McNulty III* Date **April 13, 2000**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full) McNulty for Congress	Report Covering the Period: From: 01/01/2000 To: 03/31/2000	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$2050.00	
(ii) Unitemized	\$50.00	
(iii) Total of contributions from individual	\$2100.00	\$2100.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$15750.00	\$15750.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	\$17850.00	\$17850.00
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 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$3623.77	\$3623.77
16. TOTAL RECEIPTS (add 11(a), 12, 13(c), 14 and 15)	\$21473.77	\$21473.77
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$31357.23	\$31357.23
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 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)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$10076.90	\$10076.90
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$41434.13	\$41434.13
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$305879.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$21473.77
25. SUBTOTAL (add Line 23 and Line 24)		\$327353.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$41434.13
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$285919.51

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(1)

Any information required from these reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for unrelated purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code David Alter 200 Crestwood Drive South Orange, NJ 07079-	Name of Employer Int'l Planning Alliance, LLC Occupation Chief Executive Officer	Date (month, day, year) 01/05/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
B. Full Name, Mailing Address and Zip Code William Curry 400 W. 9th Street, Suite 400 Wilmington, DE 19801-	Name of Employer Self Occupation Insurance	Date (month, day, year) 01/05/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
C. Full Name, Mailing Address and Zip Code Howard Nolan 39 No. Pearl St. Albany, NY 12207-	Name of Employer Cooper, Erving, Savage, Nolan Occupation Lawyer	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$350.00		
D. Full Name, Mailing Address and Zip Code Howard Nolan 39 No. Pearl St. Albany, NY 12207-	Name of Employer Cooper, Erving, Savage, Nolan Occupation Lawyer	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$600.00		
E. Full Name, Mailing Address and Zip Code John Patrick 23 Norwich Circle Niceville, FL 32578-	Name of Employer FUSIFILM Occupation I&I Vice President	Date (month, day, year) 01/05/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
F. Full Name, Mailing Address and Zip Code Candace Weir 414 Loudonville Road Loudonville, NY 12211-	Name of Employer CL King & Associates, Inc Occupation President	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
G. Full Name, Mailing Address and Zip Code Frederick Wertlieb 6 Raritan Road Oakland, NJ 07436-	Name of Employer OWR Opinion, Inc. Occupation Insurance	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		

SUBTOTAL of Receipts This Page (optional)

\$1850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information reported from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Worth 380 Lexington Ave. New York, NY 10165-	Self	03/20/200	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Insurance		
	Aggregate Year-to-Date ->	\$200.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		/ /	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$200.00
TOTAL This Period (last page this line number only)	\$2050.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of line itemized receipts page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

McNulty for Congress

A. Full Name, Mailing Address and Zip Code General Dynamics Voluntary Political Contribution Plan 3190 Fairview Park Drive Falls Church, VA 22042-4523 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/26/200	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code International Brotherhood of Teamsters Local 294 890 Third Street Albany, NY 12206- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$2000.00
C. Full Name, Mailing Address and Zip Code International Brotherhood of Teamsters Local 294 890 Third Street Albany, NY 12206- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$3000.00
D. Full Name, Mailing Address and Zip Code American Society of Travel Agents Political Action Committee 1101 King Street, Suite 200 Alexandria, VA 22314- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/30/200	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Metropolitan Life Insurance Company Suite 800 1620 L Street, N.W. Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate year-to-Date ->	Date (month, day, year) 03/30/200	Amount of Each Receipt this Period \$2000.00
F. Full Name, Mailing Address and Zip Code Community Bankers Assoc. of NYC PO Box 325 Grand Central Station New York, NY 10163 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code SLA LEASE PAC 4301 N. Fairfax Dr. Ste. 550 Arlington, VA 22203- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/26/200	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)	\$10500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code Nat'l Association of Letter Carriers 100 Indiana Avenue, N.W. Washington, DC 20001-	Name of Employer _____ _____	Date (month, day, year) 03/20/200	Amount of Each Receipt this Period \$2000.00
	Occupation _____ _____	Aggregate Year-to-Date -> \$3000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
B. Full Name, Mailing Address and Zip Code National Committee to Preserve Social Security and Medicare 10 G Street, NE, Ste 600 Washington, DC 20002-4216	Name of Employer _____ _____	Date (month, day, year) 03/30/200	Amount of Each Receipt this Period \$1000.00
	Occupation _____ _____	Aggregate Year-to-Date -> \$2500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
C. Full Name, Mailing Address and Zip Code CSX Transportation, Inc. PAC 1331 Pennsylvania Avenue, NW, Ste. 560 Washington, DC 20004-	Name of Employer _____ _____	Date (month, day, year) 03/26/200	Amount of Each Receipt this Period \$500.00
	Occupation _____ _____	Aggregate Year-to-Date -> \$1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
D. Full Name, Mailing Address and Zip Code Machinists Non-Partisan Political League 9000 Machinists Place Upper Marlboro, MD 20772-	Name of Employer _____ _____	Date (month, day, year) 03/26/200	Amount of Each Receipt this Period \$1000.00
	Occupation _____ _____	Aggregate Year-to-Date -> \$5000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
E. Full Name, Mailing Address and Zip Code American Federation of Teachers COPE 555 New Jersey Avenue, N.W. Washington, DC 20001-2079	Name of Employer _____ _____	Date (month, day, year) 03/30/200	Amount of Each Receipt this Period \$750.00
	Occupation _____ _____	Aggregate Year-to-Date -> \$5000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
F. Full Name, Mailing Address and Zip Code _____ _____ _____	Name of Employer _____ _____	Date (month, day, year) / /	Amount of Each Receipt this Period _____
	Occupation _____ _____	Aggregate Year-to-Date -> _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			
G. Full Name, Mailing Address and Zip Code _____ _____ _____	Name of Employer _____ _____	Date (month, day, year) / /	Amount of Each Receipt this Period _____
	Occupation _____ _____	Aggregate Year-to-Date -> _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			

SUBTOTAL of Receipts This Page (optional)	\$5250.00
TOTAL This Period (last page this line number only)	\$15750.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NSBC 148 George St. Green Island, NY 12183- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Aggregate Year-to-Date ->	03/31/200 93623.77	93623.77
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	Aggregate Year-to-Date ->
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	Aggregate Year-to-Date ->
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	Aggregate Year-to-Date ->
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	Aggregate Year-to-Date ->
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	Aggregate Year-to-Date ->
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	/ /	Aggregate Year-to-Date ->

SUBTOTAL of Receipts This Page (optional)	\$3623.77
TOTAL This Period (last page this line number only)	\$3623.77

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Campaign Strategy Meetings/Air Fare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/200	\$484.37
B. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Purpose of Disbursement Office Supplies/Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/24/200	\$433.80
C. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Purpose of Disbursement Campaign Strategy Meetings/Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/10/200	\$1006.21
D. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Purpose of Disbursement Campaign Strategy Meetings Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/08/200	\$126.64
E. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/26/200	\$40.10
F. Full Name, Mailing Address and Zip Code American Express P.O. Box 297812 Fort Lauderdale, FL 33329-7812	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/22/200	\$29.11
G. Full Name, Mailing Address and Zip Code National Democratic Club 30 Ivy St., S.E. Washington, DC 20003-	Purpose of Disbursement Club Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/17/200	\$107.33

SUBTOTAL of Disbursements This Page (optional)	\$2667.56
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Democratic Club 30 Ivy St., S.E. Washington, DC 20003-	Club Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/200	\$149.31
B. Full Name, Mailing Address and Zip Code U.S. Postmaster 137 George St. Green Island, NY 12183-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/07/200	\$59.00
C. Full Name, Mailing Address and Zip Code U.S. Postmaster 137 George St. Green Island, NY 12183-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/07/200	\$66.00
D. Full Name, Mailing Address and Zip Code U.S. Postmaster 137 George St. Green Island, NY 12183-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/27/200	\$66.00
E. Full Name, Mailing Address and Zip Code U.S. Postmaster 137 George St. Green Island, NY 12183-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/08/200	\$99.00
F. Full Name, Mailing Address and Zip Code Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/26/200	\$110.59
G. Full Name, Mailing Address and Zip Code Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/17/200	\$44.28

SUBTOTAL of Disbursements This Page (optional)	\$629.18
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/01/200	\$123.55
Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/10/200	\$59.58
Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/03/200	\$128.58
Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/10/200	\$65.99
Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/10/200	\$55.25
Bell Atlantic PO Box 1100 Albany, NY 12250-0001	Telephone Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/03/200	\$34.69
Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/10/200	\$41.95

SUBTOTAL of Disbursements This Page (optional)	\$509.59
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/01/200	\$41.95
B. Full Name, Mailing Address and Zip Code Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/17/200	\$41.95
C. Full Name, Mailing Address and Zip Code Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/01/200	\$41.95
D. Full Name, Mailing Address and Zip Code Time Warner Cable 130 Washington Ave. Ext. Albany, NY 12203-5336	Internet Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/200	\$167.80
E. Full Name, Mailing Address and Zip Code Crowne Plaza Albany State and Lodge Streets Albany, NY 12207-	Rental for 1/24/00 Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/22/200	\$1251.70
F. Full Name, Mailing Address and Zip Code Mail Works 45 Prospect Ave. Albany, NY 12206-	Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/17/200	\$325.07
G. Full Name, Mailing Address and Zip Code John Macaulay Testimonial PO Box 604 Troy, NY 12181-	Full Page Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/01/200	\$200.00

SUBTOTAL of Disbursements This Page (optional)	\$2070.42
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the localized primary page

PAGE 5 OF 6

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Shenise Productions 570 Albany-Shaker Road Albany, NY 12211-	Video for 1/24/00 Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/03/200	\$250.00
B. Full Name, Mailing Address and Zip Code Amward Publications, Inc. PO Box 1696 Ashburn, VA 20146-1696	Purpose of Disbursement Almanac of Federal PAC's Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/03/200	Amount of Each Disbursement This Period \$225.50
C. Full Name, Mailing Address and Zip Code Schenectady County Conservative Party 235 Fourteenth St. Schenectady, NY 12306-	Purpose of Disbursement Full Page Ad Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/26/200	Amount of Each Disbursement This Period \$250.00
D. Full Name, Mailing Address and Zip Code Rensselaer County Democratic Committee P.O. Box 988 Troy, NY 12181-	Purpose of Disbursement Ad for 3/29/00 Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/26/200	Amount of Each Disbursement This Period \$250.00
E. Full Name, Mailing Address and Zip Code Democratic Congressional Campaign Comm. 430 South Capitol St. Washington, DC 20003-	Purpose of Disbursement Annual Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/06/200	Amount of Each Disbursement This Period \$15000.00
F. Full Name, Mailing Address and Zip Code Alchar printing 602 Pawling Ave. Troy, NY 12180-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/08/200	Amount of Each Disbursement This Period \$1331.64
G. Full Name, Mailing Address and Zip Code Alchar Printing 602 Pawling Ave. Troy, NY 12180-	Purpose of Disbursement Printing for 1/24/00 Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/05/200	Amount of Each Disbursement This Period \$356.12

SUBTOTAL of Disbursements This Page (optional)

\$17673.26

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Smeary Act

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IBE District Three Citizenship Fund 355 Murray Hill Parkway East Rutherford, NJ 07073-	Ad for Scholarship Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/01/200	\$250.00
Schenectady City Democratic Committee PO Box 569 Schenectady, NY 12301-	Ad for 5/23/00 Event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/26/200	\$250.00
HSBC 148 George St. Green Island, NY 12183-	Fed. Tax Deposit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/16/200	\$1126.70
Fraioli, Inc 80 F Street, NW, #804 Washington, DC 20001-	Consulting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/05/200	\$3574.75
Fraioli, Inc 80 F Street, NW, #804 Washington, DC 20001-	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/08/200	\$21.45
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$5231.90
TOTAL This Period (last page this line number only)	\$28731.91

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mayor Jennings P.O. Box 7163 Albany, NY 12224-	Ticket for 2/15/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/14/200	\$500.00
American-Irish Legislative Society c/o Assemblyman Jack McEneny Legislative Office Bldg. Albany, NY 12248-	Tickets for 3/13/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/09/200	\$600.00
Independence Party of New York 1310 Best Rd. East Greenbush, NY 12061-	Ticket for 1/18/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/10/200	\$250.00
Watervliet Rotary Club P.O. Box 111 Watervliet, NY 12109	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/03/200	\$200.00
College of the Holy Cross One College Street Worcester, MA 01610-2395	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/200	\$250.00
Heatly Drama Club 171 Hudson Avenue Green Island, NY 12183-	Tickets for 3/25/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/07/200	\$120.00
Heatly Drama Club 171 Hudson Avenue Green Island, NY 12183-	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/01/200	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$2420.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed disbursement page

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HRC US Senate Committee 450 7th Ave., Suite 804 New York, NY 10123-	Ticket for 2/10/00 Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/200	\$1300.00
B. Full Name, Mailing Address and Zip Code HRC US Senate Committee 450 7th Ave., Suite 804 New York, NY 10123-	Ticket for 2/10/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/10/200	\$900.00
C. Full Name, Mailing Address and Zip Code HRC US Senate Committee 450 7th Ave., Suite 804 New York, NY 10123-	Ticket for 2/6/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/03/200	\$100.00
D. Full Name, Mailing Address and Zip Code Schenectady 2000 One Broadway Center, Suite 750 Schenectady, NY 12305-	Purpose of Disbursement Honorary Committee 5/16/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/06/200	\$250.00
E. Full Name, Mailing Address and Zip Code Friends of Senator Neil Breslin 151 Chestnut St. Albany, NY 12210-	Purpose of Disbursement Tickets for 3/20/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/19/200	\$500.00
F. Full Name, Mailing Address and Zip Code Albany County Democratic Committee 22 Calvin Ave. Albany, NY 12206-	Purpose of Disbursement Tickets for 1/20/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/16/200	\$600.00
G. Full Name, Mailing Address and Zip Code Schenectady County Democratic Committee 46 Warwick Way Niskayuna, NY 12309-	Purpose of Disbursement Tickets for 1/27/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/17/200	\$200.00

SUBTOTAL of Disbursements This Page (optional)	\$3550.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
McNulty for Congress

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McIneny for Assembly 147 Colonial Ave. Albany, NY 12208-1409	Tickets for 2/9/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/07/200	\$500.00
B. Full Name, Mailing Address and Zip Code Rensselaer City Democratic Committee 22 Riverside Avenue Rensselaer, NY 12144-2824	Purpose of Disbursement Tickets for 3/29/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/28/200	\$000.00
C. Full Name, Mailing Address and Zip Code The College of St. Rose 432 Western Avenue Albany, NY 12210-	Purpose of Disbursement Scholarship Fund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/200	\$100.00
D. Full Name, Mailing Address and Zip Code The College of St. Rose 432 Western Avenue Albany, NY 12210-	Purpose of Disbursement Ticket for 3/21/00 Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	03/06/200	\$100.00
E. Full Name, Mailing Address and Zip Code Section II Girls Basketball Committee Greenwich Central Schools Gray Ave. Greenwich, NY 12934-	Purpose of Disbursement Sponsor Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/01/200	\$250.00

SUBTOTAL of Disbursements This Page (optional)	\$1250.00
TOTAL This Period (last page this line number only)	\$7220.00

