

**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) A. Hillary Clinton for President Exploratory Committee		Transaction ID: B94D78794CE5844FB876 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7
Mailing Address 420 Lexington Avenue Suite 3030		Amount of Each Disbursement this Period 2300.00
City New York State NY Zip Code 10170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ticket for 3/13/07 event Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hillary Clinton for President Exploratory Committee		Transaction ID: B660D54EB64224B2C8BD Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 7
Mailing Address 420 Lexington Avenue Suite 3030		Amount of Each Disbursement this Period 2300.00
City New York State NY Zip Code 10170	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tickets for 3/18/07 event Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Homeless Action Committee		Transaction ID: BA5BDE3BC11F042FF947 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 7
Mailing Address 393 N. Pearl St.		Amount of Each Disbursement this Period 250.00
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 donation-3/9/07 event Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4850.00
TOTAL This Period (last page this line number only) ▶	