

**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

A.

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

Mailing Address 22 Colvin Ave.

City Albany State NY Zip Code 12206

Purpose of Disbursement
tickets 11/1/07 event (housekeeping acct.)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BA7206E28528B434C817

Date of Disbursement

10 / 25 / 2007

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)
John Hall for Congress

Mailing Address P.O. Box 469

City Beacon State NY Zip Code 12508

Purpose of Disbursement
contri.(19th C.D.N.Y.)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BCD505EA80D5A4A37B10

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Friends Of Tim Nichols

Mailing Address 6 Crystal Lane

City Latham State NY Zip Code 12110

Purpose of Disbursement
tickets 10/24/07 event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B972EE91C1A524496A79

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)