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

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NAME OF COMMITTEE (In Full)
Cantor For Congress

A.
Full Name (Last, First, Middle Initial)
Murphy For Congress

Mailing Address P. O. Box 11721

City Pittsburgh | State PA | Zip Code 15228-

Purpose of Disbursement
Contribution

Candidate Name
TIM MURPHY

011 Category/ Type

Office Sought: X House / Senate / President
State: PA District: 18

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: 1007200345E1637
Date of Disbursement
09 / 09 / 2003

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)
Murphy For Congress

Mailing Address P. O. Box 11721

City Pittsburgh | State PA | Zip Code 15228-

Purpose of Disbursement
Contribution

Candidate Name
TIM MURPHY

011 Category/ Type

Office Sought: X House / Senate / President
State: PA District: 18

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: 1007200345E1638
Date of Disbursement
09 / 09 / 2003

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)
National Republican Congressional Com.

Mailing Address 320 First St., SE

City Washington | State DC | Zip Code 20003-

Purpose of Disbursement
Transfer of excess funds

Candidate Name

011 Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: 1007200345E1579
Date of Disbursement
08 / 07 / 2003

Amount of Each Disbursement this Period
25000.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **27000.00**

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