

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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Friends of Ciabattoni & Skiavo

Mailing Address 182 Iona Street

City Greensburg State PA Zip Code 15601

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB21.23803
Date of Disbursement
09 / 14 / 2005

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)
FRIENDS OF CORRINE BROWN

Mailing Address 3109 River Bend Court D-102

City Laurel State MD Zip Code 20724

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: FL District 3

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB21.23789
Date of Disbursement
09 / 07 / 2005

Amount of Each Disbursement this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Michael Edelstein

Mailing Address PO Box 10471

City Newburgh State NY Zip Code 12532-0471

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Transaction ID: SB21.23213
Date of Disbursement
07 / 27 / 2005

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) ▶ **3500.00**

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