

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)
MURTHA FOR CONGRESS COMMITTEE

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. COMMITTEE TO BRING BACK BARON | | Transaction ID: SB21.27972 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 |
| Mailing Address PO BOX 1071 | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City SEYMOUR State IN Zip Code 47274 | Purpose of Disbursement Contribution Candidate Name Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Committee to Re-elect Ed Towns | | Transaction ID: SB21.27964 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 |
| Mailing Address 438 Lewis Avenue | | Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Brooklyn State NY Zip Code 11207 | Purpose of Disbursement Contribution Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Comm to Re-Elect Barb Kline | | Transaction ID: SB21.28007 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 |
| Mailing Address 218 E. Horner Street | | Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Ebensburg State PA Zip Code 15931 | Purpose of Disbursement Contribution Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4200.00 |
| TOTAL This Period (last page this line number only) ▶ | |