

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. DONNELLY FOR CONGRESS		Transaction ID: SB21.28005 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address PO BOX 515		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 BUFFALO State NY Zip Code 14223	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ELLSWORTH FOR CONGRESS COMMITTEE		Transaction ID: SB21.28060 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City EVANSVILLE State IN Zip Code 47708	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: 08	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ERLANDSON FOR U S REPRESENTATIVE		Transaction ID: SB21.28066 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6
Mailing Address PO BOX 14805		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 MINNEAPOLIS State MN Zip Code 55414	Purpose of Disbursement Contribution Candidate Name Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶