

**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)

PAGE 174 / 185

<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. Friends of Congressman Tim Holden

Mailing Address 18 N. SECOND STREET PO BOX 37
PO BOX 37

City SAINT CLAIR State PA Zip Code 17970

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: PA District: 17

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.16241
Date of Disbursement

12 / 06 / 2003

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. Friends of Dan Onorato

Mailing Address P.O. Box 23205

City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.16001
Date of Disbursement

10 / 06 / 2003

Amount of Each Disbursement this Period

2000.00

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

Full Name (Last, First, Middle Initial)
C. Friends of John Street

Mailing Address 1601 Cherry Street
2nd Floor

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: SB21.16091
Date of Disbursement

10 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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