

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER (check only one)

PAGE 1 OF 1

21  22  23  24  25  26  
 27  28a  28b  29

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NAME OF COMMITTEE (in full)  
**Physicians for a Democratic Majority**

**A. Democracy for America**

Full Name (Last, First, Middle Initial)  
A. Democracy for America

Mailing Address  
PO Box 8313

City: **Barlinton** State: **VT** Zip Code: **05402**

Purpose of Disbursement: **Contribution**

Candidate Name: \_\_\_\_\_ Category Type: \_\_\_\_\_

Office Sought:  House  Senate  President  
Measurement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **07 07 2004**

Amount of Each Disbursement this Period: **250.00**

**B. Lois Murphy for Congress**

Full Name (Last, First, Middle Initial)  
B. Lois Murphy for Congress

Mailing Address  
PO Box 1006

City: **Paoli** State: **PA** Zip Code: **19351**

Purpose of Disbursement: **Travel expenses for volunteer**

Candidate Name: **Lois Murphy** Category Type: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: **PA** District: **6**

Date of Disbursement: **07 22 2004**

Amount of Each Disbursement this Period: **84.39**  
**In-kind (travel expenses)**

**C.**

Full Name (Last, First, Middle Initial)  
\_\_\_\_\_

Mailing Address  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement  
\_\_\_\_\_

Candidate Name  
\_\_\_\_\_ Category Type: \_\_\_\_\_

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
\_\_\_\_\_

Amount of Each Disbursement this Period  
\_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) **334.39**

TOTAL This Period (see page this form number only) \_\_\_\_\_