

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)

<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

A.	Full Name (Last, First, Middle Initial) D.C.C.C. Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Excess Contribution Candidate Name 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) ▼	Transaction ID: SB21.44557 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Fayette Co Democratic Comm. Mailing Address C/O Fred Lebder 14 Judith Street City Uniontown State PA Zip Code 15401 Purpose of Disbursement Donation Candidate Name 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) ▼	Transaction ID: SB21.44066 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Greene County Democratic Comm. Mailing Address P.O. Box 493 City Waynesburg State PA Zip Code 15370 Purpose of Disbursement Tickets & Adv Candidate Name 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) ▼	Transaction ID: SB21.43963 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 9	Amount of Each Disbursement this Period 365.00

SUBTOTAL of Disbursements This Page (optional)	5365.00
TOTAL This Period (last page this line number only)	