

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)
Friends of Rahm Emanuel

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

Mailing Address P.O. Box 1006

City Paoli State PA Zip Code 19901

Purpose of Disbursement
Contribution-Federal Candidate

Candidate Name
Lois Murphy

Office Sought: House
Senate
President
State: PA District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D120409
Date of Disbursement

12 / 27 / 2005

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)
B. Madrid for Congress

Mailing Address P.O. Box 25626

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contribution-Federal Candidate

Candidate Name
Patsy Madrid

Office Sought: House
Senate
President
State: NM District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D120296
Date of Disbursement

10 / 18 / 2005

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. Madrid for Congress

Mailing Address P.O. Box 25626

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
Contribution-Federal Candidate

Candidate Name
Patsy Madrid

Office Sought: House
Senate
President
State: NM District 1

Disbursement For: 2006
Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D120297
Date of Disbursement

10 / 18 / 2005

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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