

**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 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input checked="" type="checkbox"/> 19b 21 |
|------------------------------------|------------------------------------|-------------------------------------|---|

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NAME OF COMMITTEE (In Full)
Tim Murphy for Congress

Full Name (Last, First, Middle Initial)
A. Friends of Joe Peters

Mailing Address PO Box 643

City Harrisburg State PA Zip Code 17108-0843

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: 41103.E1176
Date of Disbursement
10 / 28 / 2004

Amount of Each Disbursement this Period
500.00

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

Full Name (Last, First, Middle Initial)
B. Republican Com of Allegheny County

Mailing Address 125 Seventh St., Ste 626

City Pittsburgh State PA Zip Code 15222-3406

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: 41103.E1175
Date of Disbursement
10 / 28 / 2004

Amount of Each Disbursement this Period
500.00

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

Full Name (Last, First, Middle Initial)
C. Simmons for Congress

Mailing Address PO Box 26B

City Stonington State CT Zip Code 06378-026B

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROBERTR SIMMONS

Office Sought: House Senate President
State: CT District 02

Disbursement For: 2004
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: 41028.E1137
Date of Disbursement
10 / 27 / 2004

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) ▶ **2000.00**

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