

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 checked="" 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 type="checkbox"/>	21

Any Information copied from such Reports and Statements and any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) EM's Sub Shop <hr/> Mailing Address 1111 Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904-3036 <hr/> Purpose of Disbursement Volunteer Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43420.48 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 18.29
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Giant Eagle <hr/> Mailing Address Scalp Avenue <hr/> City Johnstown State PA Zip Code 15904 <hr/> Purpose of Disbursement Campaign Office Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43420.49 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 119.09
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Fish Market <hr/> Mailing Address San Polo Sq <hr/> City Alexandria State VA Zip Code 22202 <hr/> Purpose of Disbursement Meeting Exp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.43420.53 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 72.00
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	