

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)
Nadler for Congress

<p>A. Farrell for Congress</p> <p>Full Name (Last, First, Middle Initial) Farrell for Congress</p> <p>Mailing Address P.O. Box 5136</p> <p>City Westport State CT Zip Code 06881</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Diane Farrell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D79536</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
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<p>B. Lois Murphy for Congress</p> <p>Full Name (Last, First, Middle Initial) Lois Murphy for Congress</p> <p>Mailing Address P.O. Box 312</p> <p>City Narberth State PA Zip Code 19072</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Lois Murphy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D79535</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
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<p>C. Massa for Congress</p> <p>Full Name (Last, First, Middle Initial) Massa for Congress</p> <p>Mailing Address 59 E Market St</p> <p>City Corning State NY Zip Code 14830-2708</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D79537</p> <p>Date of Disbursement 05 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	