

**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)	PAGE 1 OF
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b
	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 19b <input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**KEEP McDADE IN CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Georgetown Preparatory School</b>		Date of Disbursement MM / DD / YYYY <b>04 / 24 / 2007</b>
Mailing Address <b>10900 Rockville Pike North</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Bethesda</b>	State <b>MD</b>	
Purpose of Disbursement <b>Donation</b>	Zip Code <b>20852</b>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type <b>012</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. Frelinghuysen for Congress</b>		Date of Disbursement MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>19 Cattano Avenue</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Morristown</b>	State <b>NJ</b>	
Purpose of Disbursement <b>Contribution</b>	Zip Code <b>07960</b>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Rodney Frelinghuysen</b>	Category/ Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NJ</b> District: <b>11th</b>		

Full Name (Last, First, Middle Initial) <b>C. Murtha for Congress Committee</b>		Date of Disbursement MM / DD / YYYY <b>06 / 11 / 2007</b>
Mailing Address <b>Suite 220 551 Main Street</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Johnstown</b>	State <b>PA</b>	
Purpose of Disbursement <b>Contribution</b>	Zip Code <b>15901</b>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>John Murtha</b>	Category/ Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>PA</b> District: <b>12th</b>		

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	<b>6000.00</b>

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