

**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 127 / 131

<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)
MURTHA FOR CONGRESS COMMITTEE

A.	Full Name (Last, First, Middle Initial) Comm to Elect Tim Solobay Mailing Address 107 Hawthorne Street City Canonsburg State PA Zip Code 15317 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.42632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 9	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) D.C.C.C. Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Excess Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.42491 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 7500.00
C.	Full Name (Last, First, Middle Initial) D.C.C.C. Mailing Address 430 South Capitol Street SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Excess Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.42706 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 9	Amount of Each Disbursement this Period 12500.00

SUBTOTAL of Disbursements This Page (optional) ▶

20250.00

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