

**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 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)  
Heath Shuler for Congress

**A.** Full Name (Last, First, Middle Initial)  
SCOTT MURPHY FOR CONGRESS

Mailing Address 615 Glen Street

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
Contributions

Candidate Name  
Scott Murphy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District:

Transaction ID: D250682

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**B.** Full Name (Last, First, Middle Initial)  
SCOTT MURPHY FOR CONGRESS

Mailing Address 615 Glen Street

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement  
Contributions

Candidate Name  
Scott Murphy

Category/  
Type

Office Sought:  House  
 Senate  
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Disbursement For: 2010  
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State: NY District:

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Amount of Each Disbursement this Period

Refund or Disposal of Excess  
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SUBTOTAL of Disbursements This Page (optional) .....

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