

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

MURTHA FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LARRY ROBERTS CAMPAIGN 96 FARMVIEW DRIVE UNIONTOWN, PA 15401	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	100.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF ALLEN KUKOVICH P. O. BOX 97 GREENSBURG, PA 15601	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	250.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF ED WOJNAROSKI 419 LOCUST STREET JOHNSTOWN, PA 15901	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	350.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT DAVE TULOWITZKY, DA 611 BELMONT AVE. EBENSBURG, PA 15931	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	200.00
E. Full Name, Mailing Address and ZIP Code SARA STEELMAN FOR STATE REP. 20 SHADY DRIVE INDIANA, PA 15701	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	250.00
F. Full Name, Mailing Address and ZIP Code VOTERS FOR PROGRESSIVE DEMOCRATS c/o ERNIE ESPOSITO 519 SOMERSET ST. JOHNSTOWN, PA 15901	ADV. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	100.00
G. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMM. c/o THE HON. PATRICK KENNEDY, COMM. 430 SOUTH CAPITOL STREET, S.E. CHAIRMAN WASHINGTON, DC 20003	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	50,000.00
H. Full Name, Mailing Address and ZIP Code CHUCK ROBB FOR SENATE 5838 C NORTH KINGS HIGHWAY ALEXANDRIA, VA 22303	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1,000.00
I. Full Name, Mailing Address and ZIP Code CONGRESSMAN LANE EBANS P. O. BOX 5263 ROCK ISLAND, IL 61201	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

53,250.00

TOTAL This Period (last page this line number only)