

# 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)  
MURTHA FOR CONGRESS COMMITTEE

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Allegheny County Demo. Comm.</b>  |  | <b>Transaction ID:</b> SB21.27076<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 8 / 2 0 0 6   |
| Mailing Address 225 Ross Street<br>2nd Floor   |  | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Pittsburgh State PA Zip Code 15219  |  |   |
| Purpose of Disbursement Contribution<br>Candidate Name   |  | Category/Type   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. American Red Cross</b>  |  | <b>Transaction ID:</b> SB21.27097<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 0 / 2 0 0 6  |
| Mailing Address Keystone Chapter<br>110 Sunray Drive   |  | Amount of Each Disbursement this Period<br>125.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Johnstown State PA Zip Code 15905-3049  |  |  |
| Purpose of Disbursement Contribution<br>Candidate Name   |  | Category/Type  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. BOSWELL FOR CONGRESS</b>   |  | <b>Transaction ID:</b> SB21.27506<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 2 8 / 2 0 0 6   |
| Mailing Address PO Box 6220   |  | Amount of Each Disbursement this Period<br>2000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Des Moines State IA Zip Code 50309   |  |   |
| Purpose of Disbursement Contribution<br>Candidate Name  |  | Category/Type   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: IA District: 03 |  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3125.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |