

**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) A. BROWN, CORRINE		Transaction ID: SB21.27693 Date of Disbursement 05 / 17 / 2006
Mailing Address 101 E. Union Street Suite 104		Amount of Each Disbursement this Period 701.33
City Jacksonville State FL Zip Code 32202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BUSANSKY, PHYLLIS H		Transaction ID: SB21.27507 Date of Disbursement 06 / 28 / 2006
Mailing Address 3611 SCHEFFLERA ROAD		Amount of Each Disbursement this Period 1000.00
City TAMPA State FL Zip Code 33618	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. CARNEY FOR CONGRESS		Transaction ID: SB21.27514 Date of Disbursement 06 / 28 / 2006
Mailing Address PO BOX 38		Amount of Each Disbursement this Period 2000.00
City DIMOCK State PA Zip Code 18816	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3701.33
TOTAL This Period (last page this line number only)