

**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) <b>A. CITIZENS FOR ALTMIRE</b>		<b>Transaction ID:</b> SB21.27499
Mailing Address PO BOX 1776		Date of Disbursement 06 / 28 / 2006
City FREEDOM	State PA	Zip Code 15042
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 2000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 04	

Full Name (Last, First, Middle Initial) <b>B. Comm to Elect Bozek 52nd District</b>		<b>Transaction ID:</b> SB21.27062
Mailing Address P.O. Box 135		Date of Disbursement 05 / 03 / 2006
City Smock	State PA	Zip Code 15480
Purpose of Disbursement Contribution	Category/ Type	Amount of Each Disbursement this Period 500.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. D.C.C.C.</b>		<b>Transaction ID:</b> SB21.27074
Mailing Address 430 S. Capitol Street, SE		Date of Disbursement 05 / 03 / 2006
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Excess Contribution	Category/ Type	Amount of Each Disbursement this Period 15000.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>17500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	