

**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 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MURTHA FOR CONGRESS COMMITTEE

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Friends of Bob Brady <hr/> Mailing Address 7028 Brentwood Road <hr/> City Philadelphia State PA Zip Code 19151 <hr/> Purpose of Disbursement Contribution, Debt Reduction Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.34407 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial) Greene County Democratic Comm. <hr/> Mailing Address P.O. Box 493 <hr/> City Waynesburg State PA Zip Code 15370 <hr/> Purpose of Disbursement Tickets & Adv. Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.33718 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial) Indiana Co. Democrat Comm. <hr/> Mailing Address Box 315 <hr/> City Indiana State PA Zip Code 15701 <hr/> Purpose of Disbursement Tickets Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21.33750 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 7 <hr/> Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5540.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |