

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
ARMSTRONG COUNTY DEMOCRAT COMM. COLLEEN MILIE, TREASURER 307 PENNSYLVANIA ST. APOLLO, PA 15613	TICKETS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/00	200.00
B. Full Name, Mailing Address and ZIP Code McCOLLUM FOR CONGRESS 2564 BURKE AVE. (EAST) NORTH ST. PAUL, MINNESOTA 55109	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code MINGE FOR CONGRESS 115 1/2 E. 2ND STREET CHASKA, MN 55318	CONTRI. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/00	1,000.00
D. Full Name, Mailing Address and ZIP Code VALLEY PRINTING CO. 667 MAIN ST. JOHNSTOWN, PA 15901	Purpose of Disbursement: I.K.-K.L.N.D CONTRI. FOR STATE CARDS CAMBRIA CO. DEM. COMM. P.O. BOX 92 EBENSBURG, PA 15931 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	695.36
E. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code VOID	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,895.36
TOTAL This Period (last page this line number only)	2,895.36