

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)

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<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

Full Name (Last, First, Middle Initial) A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE		Transaction ID: SB21.25177 Date of Disbursement																				
Mailing Address P. O. Box 1343		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	8	/	2	0	0	6													
City Fairmont	State WV	Zip Code 26555																				
Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Candidate Name	Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: WV District: 01	Amount of Each Disbursement this Period <table border="1"><tr><td>2000.00</td></tr></table>		2000.00																			
2000.00																						

Full Name (Last, First, Middle Initial) B. ALAN MOLLOHAN FOR CONGRESS COMMITTEE		Transaction ID: SB21.25299 Date of Disbursement																				
Mailing Address P. O. Box 1343		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	8	/	2	0	0	6													
City Fairmont	State WV	Zip Code 26555																				
Purpose of Disbursement	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Candidate Name	Category/ Type																					
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: WV District: 01	Amount of Each Disbursement this Period <table border="1"><tr><td>2000.00</td></tr></table>		2000.00																			
2000.00																						

Full Name (Last, First, Middle Initial) C. Armstrong Co. Democratic Comm		Transaction ID: SB21.25673 Date of Disbursement																				
Mailing Address Box 172, RR #1		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	2	/	2	0	0	6													
City New Bethlehem	State PA	Zip Code 16242																				
Purpose of Disbursement Tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Candidate Name	Category/ Type																					
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:	Amount of Each Disbursement this Period <table border="1"><tr><td>20.00</td></tr></table>		20.00																			
20.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4020.00</td></tr></table>	4020.00
4020.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	