

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

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NAME OF COMMITTEE (In Full)
Tim Murphy for Congress

A.	Full Name (Last, First, Middle Initial) Citizens for Monica Douglas Mailing Address 300 Bryces Ln City Elizabeth State PA Zip Code 15037-1723 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E3265 Date of Disbursement 10 / 03 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mario Diaz Balart For Congress Mailing Address 95 Merrick Way Ste 250 City Coral Gables State FL Zip Code 33134-5314 Purpose of Disbursement CONTRIBUTION Candidate Name MARIO DIAZ-BALART Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E3261 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Natl Rep. Congressional Com. Mailing Address 320 1st St SE City Washington State DC Zip Code 20003-1838 Purpose of Disbursement TRANSFER OF EXCESS CAMP FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E3260 Date of Disbursement 10 / 06 / 2008 Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

53000.00

TOTAL This Period (last page this line number only) ▶