

**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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Friends of Jack Wagner | | Transaction ID: SB21.25931 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address C/O Senator Barry Stout P.O. Box 4490 | | Amount of Each Disbursement this Period 2000.00 |
| City Eighty-Four State PA Zip Code 15330 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contribution 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: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. GARY KUCINICH FOR CONGRESS COMMITTEE | | Transaction ID: SB21.25827 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6 |
| Mailing Address PO BOX 361130 | | Amount of Each Disbursement this Period 1000.00 |
| City STRONGSVILLE State OH Zip Code 44136 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contribution Candidate Name | | Category/Type |
| Office Sought: <input checked="" 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: OH District: 10 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Petrarca Election Committee | | Transaction ID: SB21.25937 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 |
| Mailing Address 409 Franklin Ave | | Amount of Each Disbursement this Period 1000.00 |
| City Vandergrift State PA Zip Code 15690 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Purpose of Disbursement Contribution 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: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | 24000.00 |