

**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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

A.	Full Name (Last, First, Middle Initial) NARAL Pro-Choice Virginia PAC	Transaction ID: D8639
	Mailing Address 1011 Arlington Blvd	Date of Disbursement MM / DD / YYYY 02 / 16 / 2009
	City Arlington State VA Zip Code 22209-3925	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Virginians for Brian Moran	Transaction ID: D8733
	Mailing Address 4154 Duke Street	Date of Disbursement MM / DD / YYYY 03 / 25 / 2009
	City Alexandria State VA Zip Code 22304	Amount of Each Disbursement this Period 50000.00
	Purpose of Disbursement Non-Federal Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF VIRGINIA	Transaction ID: D8604
	Mailing Address 1710 E Franklin Street	Date of Disbursement MM / DD / YYYY 02 / 20 / 2009
	City RICHMOND State VA Zip Code 23223	Amount of Each Disbursement this Period 175.00
	Purpose of Disbursement Contribution	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name DEMOCRATIC PARTY OF VIRGINIA	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	51000.00
<b>TOTAL</b> This Period (last page this line number only) .....	