

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Tim Murphy for Congress

ADDRESS (number and street) PO Box 24551  
 Check if different than previously reported. (ACC)  
Pittsburgh PA 15234

2. **FEC IDENTIFICATION NUMBER** C00372201  
**CITY** **STATE** **ZIP CODE**  
**STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
PA 18

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 27 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Judith M. McVerry

Signature of Treasurer Electronically Filed by Judith M. McVerry Date 09 05 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Tim Murphy for Congress

Report Covering the Period:

From: 

M	M
0	4

D	D
2	7

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	121690.76	1226593.32
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	6634.03
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	121690.76	1219959.29
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	66868.50	494856.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5114.18
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	66868.50	489742.67
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	955288.15	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Tim Murphy for Congress

Report Covering the Period: From: 

M	M
0	4

D	D
2	7

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

22000.00

562447.42

(ii) Unitemized.....

11054.00

64555.00

(iii) TOTAL of contributions

33054.00

627002.42

from individuals..... ▶

98.00

588.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

88538.76

599002.90

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

121690.76

1226593.32

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

51829.22

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

5114.18

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

140.00

230.65

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

121830.76

1283767.37

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	66868.50	494856.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6134.03
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6634.03
21. OTHER DISBURSEMENTS.....	0.00	22210.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	66868.50	523700.88

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	900325.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	121830.76
25. SUBTOTAL (add Line 23 and Line 24).....	1022156.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	66868.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	955288.15

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. William Boswell

Mailing Address 405 Hare Ln

City State Zip Code  
Sewickley PA 15143-2050

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60710.C8092

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DR. James Edwards

Mailing Address 801 S. Garner St.

City State Zip Code  
State College PA 16801-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer Clearfield Hospital Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 60710.C8196

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary Mcguirk, ,, SR

Mailing Address 109 Providence Dr

City State Zip Code  
Jefferson Hills PA 15025-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer Liberty USA, Inc. Occupation President/ceo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 6

Transaction ID: 60710.C8238

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Leo Russell

Mailing Address 1500 Cochran Rd

City Pittsburgh State PA Zip Code 15243-1066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 6

Transaction ID: 60710.C8008

Amount of Each Receipt this Period  
 50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Peter Zikos

Mailing Address 204 Hemlock Dr

City Canonsburg State PA Zip Code 15317-2619

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Insurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 555.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60710.C8024

Amount of Each Receipt this Period  
 75.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Peter Zikos

Mailing Address 204 Hemlock Dr

City Canonsburg State PA Zip Code 15317-2619

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Insurance

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 580.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 4 / 2 0 0 6

Transaction ID: 60710.C8237

Amount of Each Receipt this Period  
 25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Charles Goetz

Mailing Address 9 Charter Oak Dr

City State Zip Code  
Carnegie PA 15106-3038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

**Transaction ID:** 60710.C8035

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. J. William Richardson

Mailing Address 3523 Ponoka Rd.

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Interstate Hotels Cfo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

**Transaction ID:** 60505.C7882

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. J. William Richardson

Mailing Address 3523 Ponoka Rd.

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Interstate Hotels Cfo

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

**Transaction ID:** 60505.C7881

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. A. J. Castriota

Mailing Address 1888 Fieldmont Dr

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Castriota Chevrolet

Occupation  
President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

Transaction ID: 60710.C8061

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Robertshaw, , JR

Mailing Address 116 N Main St

City State Zip Code  
Greensburg PA 15601-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60710.C7926

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Robertshaw, , JR

Mailing Address 116 N Main St

City State Zip Code  
Greensburg PA 15601-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3975.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 6

Transaction ID: 60710.C8280

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Arthur Schwotzer

Mailing Address 145 Rockingham Ln

City State Zip Code  
Canonsburg PA 15317-3111

FEC ID number of contributing federal political committee. **C**

Name of Employer Crossgates, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2006

Transaction ID: 60710.C8282

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Arnold Palmer

Mailing Address PO Box 52

City State Zip Code  
Youngstown PA 15696-0052

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Entrepreneur

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2250.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2006

Transaction ID: 60710.C7924

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Argentine, ., JR

Mailing Address 207 Spruce Dr

City State Zip Code  
Canonsburg PA 15317-3516

FEC ID number of contributing federal political committee. **C**

Name of Employer Childrens Comm. Care Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: 60710.C8208

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Douglas Dick

Mailing Address PO Box 18313

City State Zip Code  
Pittsburgh PA 15236-0313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dick Corporation Co-Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60710.C8290

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DR. Richard Ruffalo

Mailing Address 762 Pinoak Rd

City State Zip Code  
Pittsburgh PA 15243-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
West. PA Dental Alliance Pediatric Dentist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

Transaction ID: 60710.C8016

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Louis Colussy

Mailing Address 1101 Bank St

City State Zip Code  
Bridgeville PA 15017-2203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Colussy Chevrolet Auto Dealer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 6

Transaction ID: 60710.C7919

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Robert Kahn

Mailing Address 1680 Hastings Mill Rd

City State Zip Code  
Pittsburgh PA 15241-2862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: 60710.C8301

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Arthur Smith

Mailing Address 6400 Tunnel Hollow Rd

City State Zip Code  
Elizabeth PA 15037-3195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Elizabeth Equip. Services General Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1350.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

Transaction ID: 60710.C8084

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. V. Thomas Worrall, IV

Mailing Address 6118 Woodmont Rd

City State Zip Code  
Alexandria VA 22307-1102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Whitmer & Worrall Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2006

Transaction ID: 60710.C8309

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wesley Hutchison, ., JR

Mailing Address 1250 Morgan Rd

City State Zip Code  
Bridgeville PA 15017-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Fund Mgmt Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 6

Transaction ID: 60710.C8236

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Rev. Mont O. Bowser

Mailing Address 4574 Ridgeview Dr

City State Zip Code  
Greensburg PA 15601-6344

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 0 6

Transaction ID: 60710.C8031

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
DR. Ravi Kant

Mailing Address 1236 Oak Park Ct

City State Zip Code  
Pittsburgh PA 15241-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: 60710.C8206

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Roger Drake

Mailing Address 220 Orchard Spring Rd

City Pittsburgh State PA Zip Code 15220-1714

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 205.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60710.C7979

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MRS. Joyce Thoresen

Mailing Address 2287 Morrow Rd

City Pittsburgh State PA Zip Code 15241-2724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 60710.C8312

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MS. Ursula Smith

Mailing Address 6400 Tunnel Hollow Rd

City Elizabeth State PA Zip Code 15037-3195

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 4 / 2 0 0 6

Transaction ID: 60710.C8240

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Terrence Jacobs

Mailing Address PO Box 300

City State Zip Code  
Delmont PA 15626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Penneco Oil Co. Ceo

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

**Transaction ID:** 60508.C7889

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Jack Piatt

Mailing Address 400 Southpointe Blvd, Ste 400

City State Zip Code  
Canonsburg PA 15317-8588

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Millcraft Industries Chairman

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2006

**Transaction ID:** 60503.C7863

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Douglas Saltzman

Mailing Address 212 Temona Dr

City State Zip Code  
Pittsburgh PA 15236-4222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
L. Robert Kimbell & Assoc. Vice President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2006

**Transaction ID:** 60710.C8287

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Robert Taylor

Mailing Address 1 Plymouth Meeting Mall, ste 425

City State Zip Code  
Plymouth Meeting PA 19462-1326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Cameron Companies, LLC Chairman & CEO

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1937.26

Date of Receipt  
MM / DD / YYYY  
05 / 09 / 2006

Transaction ID: 60509.C7892

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Steven Thomas

Mailing Address 742 Chestnut Rd

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chapman Properties Real Estate Developer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2006

Transaction ID: 60710.C8210

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. William Rudolph

Mailing Address 16 Dartmouth Dr

City State Zip Code  
Greensburg PA 15601-1051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nationwide Insurance

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2006

Transaction ID: 60710.C8261

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. Thomas OConnor

Mailing Address 115 Colbaugh Dr

City State Zip Code  
Trafford PA 15085-1317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60710.C8095

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Jacob Schmaus

Mailing Address 1209 Cardinal Dr

City State Zip Code  
Pittsburgh PA 15243-1207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
395.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 6

Transaction ID: 60710.C8050

Amount of Each Receipt this Period  
75.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Joseph Crisanti

Mailing Address 246 Castle Rd

City State Zip Code  
Pittsburgh PA 15234-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60503.C7867

Amount of Each Receipt this Period  
150.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	475.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Jacqueline Gendell

Mailing Address 503 W Manor Dr

City State Zip Code  
Pittsburgh PA 15238-2350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self employed Physician

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

Transaction ID: 60710.C8289

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Christopher Robertshaw

Mailing Address 24 Northmont St

City State Zip Code  
Greensburg PA 15601-1735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
none none

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60710.C8094

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Charles Jolley

Mailing Address 260 Wilhelm Rd

City State Zip Code  
West Alexander PA 15376-2330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: 60710.C7968

Amount of Each Receipt this Period  
25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 / 69
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Beverly M. Smith

Mailing Address 337 Marcy St

City State Zip Code  
West Babylon NY 11704-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2006

**Transaction ID:** 60505.C7885

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Beverly M. Smith

Mailing Address 337 Marcy St

City State Zip Code  
West Babylon NY 11704-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2006

**Transaction ID:** 60710.C8299

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Eric Bono

Mailing Address 337 Avenue F

City State Zip Code  
Pittsburgh PA 15221-4221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Crucible Research Dir. Engineering Services

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1025.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2006

**Transaction ID:** 60710.C8034

Amount of Each Receipt this Period  
25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edwin Gott, Jr

Mailing Address 320 Fort Duquesne Blvd  
Gateway Towers 25C

City Pittsburgh State PA Zip Code 15222-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 4 / 2 0 0 6

Transaction ID: 60710.C7931

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edwin Clarke, Jr

Mailing Address 629 Academy Ave

City Sewickley State PA Zip Code 15143-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: 60710.C8096

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
DR. Frank Genovese

Mailing Address RD 7, Box 447

City Kittanning State PA Zip Code 16201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 6

Transaction ID: 60710.C8170

Amount of Each Receipt this Period  
25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Robert Ferguson

Mailing Address 117 Welty St

City Greensburg State PA Zip Code 15601-1549

FEC ID number of contributing federal political committee. **C**

Name of Employer Renal & Electrolyte Assoc Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 6

Transaction ID: 60710.C7991

Amount of Each Receipt this Period  
200.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DR. Jon Brillman

Mailing Address 297 S Murtland St

City Pittsburgh State PA Zip Code 15208-2631

FEC ID number of contributing federal political committee. **C**

Name of Employer West Penn Allegheny Health Occupation Neurologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 0 6

Transaction ID: 60710.C8156

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. John Mascaro

Mailing Address 1672 Little Meadow Rd

City Pittsburgh State PA Zip Code 15241-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Mascaro Construction Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 6

Transaction ID: 60503.C7837

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. John Mascaro

Mailing Address 1672 Little Meadow Rd

City Pittsburgh State PA Zip Code 15241-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Mascaro Construction Occupation President & CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 2 / 2 0 0 6

Transaction ID: 60503.C7838

Amount of Each Receipt this Period  
 900.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Daniel Torisky

Mailing Address 1090 Graham Blvd

City Pittsburgh State PA Zip Code 15235-2720

FEC ID number of contributing federal political committee. **C**

Name of Employer Self employed Occupation Writer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 6 / 2 0 0 6

Transaction ID: 60710.C8026

Amount of Each Receipt this Period  
 100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Dave Hewitt

Mailing Address Matthews Internatl Bronze Div  
1315 West Liberty Ave

City Pittsburgh State PA Zip Code 15226

FEC ID number of contributing federal political committee. **C**

Name of Employer Matthews Internatl-Bronze Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 0 / 2 0 0 6

Transaction ID: 60710.C8082

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
DR. Cynthia Sainsbury

Mailing Address 6012 Boxer Dr

City State Zip Code  
Bethel Park PA 15102-3212

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Medical Group Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2006

Transaction ID: 60710.C8194

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Paul Jablonski

Mailing Address 1174 Greentree Rd

City State Zip Code  
Pittsburgh PA 15220-3031

FEC ID number of contributing federal political committee. **C**

Name of Employer Power Quality Systems Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2006

Transaction ID: 60710.C8143

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Doros Platika

Mailing Address 523 Vermont Ave

City State Zip Code  
Pittsburgh PA 15234-1215

FEC ID number of contributing federal political committee. **C**

Name of Employer Pgh Life Sciences Greenhouse Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 03 / 2006

Transaction ID: 60503.C7866

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. James Albertine

Mailing Address 6307 Mountain Branch Ct

City State Zip Code  
Bethesda MD 20817-5838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Albertine Enterprises, Inc. Lobbyist

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2006

Transaction ID: 60710.C7915

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Steven Ellis

Mailing Address 2800 Farm Rd

City State Zip Code  
Alexandria VA 22302-2404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self employed Consultant

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2006

Transaction ID: 60710.C7964

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MR. Kenneth Horoho

Mailing Address 230 Grant Building  
310 Grant St

City State Zip Code  
Pittsburgh PA 15219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Goldberg, Gruener & Horoho Attorney

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: 60710.C8110

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. John Albertine

Mailing Address 100 Federal Dr

City Fredericksburg State VA Zip Code 22405-3102

FEC ID number of contributing federal political committee. **C**

Name of Employer Albertine Enterprises, Inc. Occupation Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 9 / 2 0 0 6

**Transaction ID:** 60710.C8136

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. Neal Holmes,, II

Mailing Address 2031 Blairmont Dr

City Pittsburgh State PA Zip Code 15241-2202

FEC ID number of contributing federal political committee. **C**

Name of Employer Holmes International Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 3 / 2 0 0 6

**Transaction ID:** 60710.C8213

Amount of Each Receipt this Period  
 300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MRS. Sandra Mellon

Mailing Address PO Box K  
Huntland Downs

City Ligonier State PA Zip Code 15658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 0 6

**Transaction ID:** 60710.C8244

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
MR. William Connover

Mailing Address 405 Kingsberry Cir

City State Zip Code  
Pittsburgh PA 15234-1065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60710.C8279

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MR. David Porges

Mailing Address 5725 Aylesboro Ave

City State Zip Code  
Pittsburgh PA 15217-1411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Equitable Resources Businessman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2006

Transaction ID: 60710.C8281

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MRS. Beth Cox

Mailing Address 176 Sacred Heart Rd

City State Zip Code  
Monongahela PA 15063-3503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2006

Transaction ID: 60710.C8285

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	22000.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 69  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Assoc Convenience Stores

Mailing Address 1600 Duke St

City State Zip Code  
Alexandria VA 22314-3466

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2006

**Transaction ID:** 60710.C7922

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Natl Assoc. Home Builders

Mailing Address 1201 Fifteenth St., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2006

**Transaction ID:** 60511.C7904

Amount of Each Receipt this Period  
3000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Highmark Health PAC

Mailing Address 1800 Center St

City State Zip Code  
Camp Hill PA 17089-0001

FEC ID number of contributing federal political committee. **C** C00302844

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2006

**Transaction ID:** 60508.C7887

Amount of Each Receipt this Period  
750.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Highmark Health PAC

Mailing Address 1800 Center St

City State Zip Code  
Camp Hill PA 17089-0001

FEC ID number of contributing federal political committee. **C** C00302844

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 60508.C7888

Amount of Each Receipt this Period  
1250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Natl Mining Assoc - COALPAC

Mailing Address 101 Constitution Ave NW

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 60710.C7913

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Mellon Financial PAC

Mailing Address 1 Mellon Bank Ctr, Rm 2850

City State Zip Code  
Pittsburgh PA 15258-0001

FEC ID number of contributing federal political committee. **C** C00017558

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 6

**Transaction ID:** 60710.C8239

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
H. J. Heinz PAC

Mailing Address 600 Grant St  
60th floor

City State Zip Code  
Pittsburgh PA 15219-2703

FEC ID number of contributing federal political committee. **C** C00336040

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2006

**Transaction ID:** 60710.C8316

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Verizon Communications Good Govt Club

Mailing Address 1717 Arch St, 47-S

City State Zip Code  
Philadelphia PA 19103-2713

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7214.29

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2006

**Transaction ID:** 60710.C7912

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Norfolk Southern Corp. Good Govt Fund

Mailing Address 3 Commercial PI

City State Zip Code  
Norfolk VA 23510-2108

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2006

**Transaction ID:** 60710.C8317

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Internatl Brotherhood of Teamsters</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2006
Mailing Address Drive Political Fund 25 Louisiana Ave., NW		Transaction ID: 60710.C8139
City Washington State DC Zip Code 20001-2198	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C70001979		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Realtors PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2006
Mailing Address 430 N Michigan Ave		Transaction ID: 60512.C7906
City Chicago State IL Zip Code 60611-4011	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00030718		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. American Health Care Assoc PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2006
Mailing Address 1201 L St NW		Transaction ID: 60509.C7894
City Washington State DC Zip Code 20005-4024	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00372201		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Health Care Assoc PAC

Mailing Address 1201 L St NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C** C00372201

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
05 / 09 / 2006

**Transaction ID:** 60509.C7893

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Internatl Union of Operating Engineers

Mailing Address c/o 300 Seco Rd

City Monroeville State PA Zip Code 15146-1422

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
05 / 24 / 2006

**Transaction ID:** 60710.C7925

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
I.B.E.W.- C.O.P.E.

Mailing Address 5 Hot Metal St Ste 400

City Pittsburgh State PA Zip Code 15203-2351

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
06 / 29 / 2006

**Transaction ID:** 60710.C8294

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 69  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Physical Therapy PAC

Mailing Address 1111 N Fairfax St

City State Zip Code  
Alexandria VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 60710.C7911

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Beverly Enterprises PAC

Mailing Address 1250 H St NW, Ste 555

City State Zip Code  
Washington DC 20005-3965

FEC ID number of contributing federal political committee. **C** C00346346

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID:** 60508.C7886

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Nat'l Restaurant Assoc. PAC

Mailing Address 1200 17th St NW

City State Zip Code  
Washington DC 20036-3004

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 6

**Transaction ID:** 60710.C7909

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Restaurant Assoc. PAC

Mailing Address 1200 17th St NW

City Washington State DC Zip Code 20036-3004

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 60710.C8303

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Independent Petroleum Assoc.

Mailing Address Wildcatter PAC Fund  
1201 15th St, NW, Ste 300

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00246306

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

**Transaction ID:** 60710.C8111

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Psychiatric Assoc PAC

Mailing Address 1000 Wilson Blvd, Ste 1825

City Arlington State VA Zip Code 22209-3924

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 5 / 2 0 0 6

**Transaction ID:** 60505.C7876

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
PPL People for Good Govt PAC

Mailing Address 900 7th St NW Ste 510

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

**Transaction ID:** 60710.C8322

Amount of Each Receipt this Period  
 1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Internatl Assoc of Firefighters FIREPAC

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5301

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 60710.C8307

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Comcast Corp PAC

Mailing Address 1500 Market St East Tower, 33rd floor

City Philadelphia State PA Zip Code 19102-2109

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 6

**Transaction ID:** 60505.C7883

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Comcast Corp PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 9 / 2 0 0 6	
Mailing Address 1500 Market St East Tower, 33rd floor		<b>Transaction ID:</b> 60710.C8141	
City Philadelphia State PA Zip Code 19102-2109		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Comcast Corp PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 1500 Market St East Tower, 33rd floor		<b>Transaction ID:</b> 60710.C8225	
City Philadelphia State PA Zip Code 19102-2109		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Comcast Corp PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 1500 Market St East Tower, 33rd floor		<b>Transaction ID:</b> 60710.C8318	
City Philadelphia State PA Zip Code 19102-2109		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00248716		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 7500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** American Bankers Assoc PAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Connecticut Ave NW  
 City Washington State DC Zip Code 20036-3905  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6  
**Transaction ID:** 60510.C7899  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** American Bankers Assoc PAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Connecticut Ave NW  
 City Washington State DC Zip Code 20036-3905  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6  
**Transaction ID:** 60510.C7898  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** American Bankers Assoc PAC  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Connecticut Ave NW  
 City Washington State DC Zip Code 20036-3905  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6  
**Transaction ID:** 60710.C8305  
 Amount of Each Receipt this Period  
 2000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Pittsburgh Technology Council PAC

Mailing Address 2000 Technology Dr

City State Zip Code  
Pittsburgh PA 15219-3112

FEC ID number of contributing federal political committee. **C** C00339564

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: 60503.C7862

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Independent Community Banker PAC

Mailing Address 1 Thomas Cir NW, Ste 400

City State Zip Code  
Washington DC 20005-5802

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 0 6

Transaction ID: 60710.C8241

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Com. on Letter Carriers COLCPE

Mailing Address 100 Indiana Ave NW

City State Zip Code  
Washington DC 20001-2159

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 0 6

Transaction ID: 60710.C8300

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Capital One Associates PAC

Mailing Address 1680 Capital One Dr

City State Zip Code  
Mc Lean VA 22102-3406

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2006

**Transaction ID:** 60710.C8310

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
The Freedom Project PAC

Mailing Address 509 7th St NW FI 3

City State Zip Code  
Washington DC 20004-1601

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2006

**Transaction ID:** 60710.C8306

Amount of Each Receipt this Period  
4500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Natl Assoc Psychiatric Health Sys PAC

Mailing Address 701 13th St., NW, Ste 950

City State Zip Code  
Washington DC 20004-2805

FEC ID number of contributing federal political committee. **C** C00107136

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

**Transaction ID:** 60710.C8313

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Westinghouse Electric Co. PAC

Mailing Address 900 19th St NW

City Washington State DC Zip Code 20006-2100

FEC ID number of contributing federal political committee. **C** C00346361

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 3 / 2 0 0 6

**Transaction ID:** 60514.C7907

Amount of Each Receipt this Period  
 2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Electric Power PAC

Mailing Address 801 Pennsylvania Ave, NW Suite 320

City Washington State DC Zip Code 20004-2684

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 60710.C7914

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Nat'l Emergency Medicine PAC

Mailing Address 2121 K St NW, Ste 325

City Washington State DC Zip Code 20037-1886

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 0 6

**Transaction ID:** 60710.C8293

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Printing Industries of America PAC

Mailing Address 601 13th St., NW, Ste 360 North

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00018028

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 10 / 2006

**Transaction ID:** 60710.C8137

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Growth & Prosperity PAC

Mailing Address 2610 Ridge Road Dr

City Alexandria State VA Zip Code 22302-2831

FEC ID number of contributing federal political committee. **C** C00388793

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5538.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

**Transaction ID:** 60511.C7903

Amount of Each Receipt this Period  
38.76

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

FR announcemnt

**C.** Full Name (Last, First, Middle Initial)  
American College of Radiology Assoc

Mailing Address 1701 Pennsylvania Ave NW Ste 610

City Washington State DC Zip Code 20006-5805

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 15 / 2006

**Transaction ID:** 60710.C7910

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2038.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 1401 I St, NW, Ste 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 2 / 2 0 0 6

**Transaction ID:** 60710.C8174

Amount of Each Receipt this Period  
 1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 1401 I St, NW, Ste 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 60710.C8291

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Southern Company Employees PAC

Mailing Address 601 Pennsylvania Ave NW Ste 800

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00144774

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 1 / 2 0 0 6

**Transaction ID:** 60503.C7836

Amount of Each Receipt this Period  
 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Committee to Re-Elect Trent Franks

Mailing Address 12416 N 57th Dr

City State Zip Code  
Glendale AZ 85304-1847

FEC ID number of contributing federal political committee. **C** C00367110

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 6

**Transaction ID:** 60505.C7879

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Natl Air Traffic Controllers Assoc

Mailing Address 1325 Massachusetts Ave NW

City State Zip Code  
Washington DC 20005-4171

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 0 6

**Transaction ID:** 60511.C7905

Amount of Each Receipt this Period  
5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
The NEA Fund

Mailing Address 1201 16th St NW, Ste 420

City State Zip Code  
Washington DC 20036-3207

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 0 6

**Transaction ID:** 60514.C7908

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
The NEA Fund

Mailing Address 1201 16th St NW, Ste 420

City Washington State DC Zip Code 20036-3207

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 1 4 / 2 0 0 6

**Transaction ID:** 60710.C8315

Amount of Each Receipt this Period  
 1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
The NEA Fund

Mailing Address 1201 16th St NW, Ste 420

City Washington State DC Zip Code 20036-3207

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 6

**Transaction ID:** 60710.C8292

Amount of Each Receipt this Period  
 1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CWA - COPE PCC

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 6 / 2 0 0 6

**Transaction ID:** 60710.C7923

Amount of Each Receipt this Period  
 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 69
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Honeywell PAC Mailing Address 101 Constitution Ave NW Ste 500 We City Washington State DC Zip Code 20001-2133 FEC ID number of contributing federal political committee. <b>C</b> C00096156 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <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>6</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> Transaction ID: 60710.C8311 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	8		2	0	0	6														
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) Transportation Trades Dept PAC Mailing Address 888 16th St NW Ste 650 City Washington State DC Zip Code 20006-4103 FEC ID number of contributing federal political committee. <b>C</b> C00280909 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt <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>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60710.C8314 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	4		2	0	0	6														
500.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) Automotive Aftermarket PAC Mailing Address 7101 Wisconsin Ave Ste 1300 City Bethesda State MD Zip Code 20814-4871 FEC ID number of contributing federal political committee. <b>C</b> C00250753 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt <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>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60710.C8323 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	6														
500.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>88538.76</b>

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 44 / 69	
	(check only one)			
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Rep.Congressional Com.

Mailing Address 320 1st St SE

City State Zip Code  
Washington DC 20003-1838

FEC ID number of contributing federal political committee. **C** C00075820

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
588.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	6

Transaction ID: 60505.C7874

Amount of Each Receipt this Period  
98.00

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

blast fax

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	98.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	98.00

# 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)

PAGE 45 / 69

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Judith McVerry</b>		<b>Transaction ID:</b> 60710.E1798 <b>Date of Disbursement</b> MM / DD / YYYY 05 / 31 / 2006
Mailing Address 46 Ordale Blvd		Amount of Each Disbursement this Period 2595.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15228-1524	Purpose of Disbursement SALARY Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) <b>B. Route 88 Self-Storage</b>		<b>Transaction ID:</b> 60505.E1764 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 29 / 2006
Mailing Address 170 Hillside Dr		Amount of Each Disbursement this Period 61.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bethel Park State PA Zip Code 15102-2908	Purpose of Disbursement STORAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STORAGE

Full Name (Last, First, Middle Initial) <b>C. Duquesne Light Co</b>		<b>Transaction ID:</b> 60710.E1828 <b>Date of Disbursement</b> MM / DD / YYYY 06 / 25 / 2006
Mailing Address PO Box 10		Amount of Each Disbursement this Period 177.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15230-0010	Purpose of Disbursement UTILITIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	UTILITIES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2834.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

<b>A. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address Castle Shannon Blvd. City Pittsburgh State PA Zip Code 15234- Purpose of Disbursement BOX RENEWAL FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60710.E1792 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>BOX RENEWAL FEE</b>
--	--	---

<b>B. United Bank Card</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 4006 City Clinton State NJ Zip Code 08809-4006 Purpose of Disbursement CC PROCESS FEE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60710.E1835 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 12.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CC PROCESS FEE</b>
---	--	--

<b>C. Capitol Hill Club</b> Full Name (Last, First, Middle Initial) Mailing Address 300 1st St SE City Washington State DC Zip Code 20003-1801 Purpose of Disbursement EVENT FOOD BEVERAGE LABOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60710.E1790 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6 Amount of Each Disbursement this Period 998.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>EVENT FOOD BEVERAGE LABOR</b>
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1030.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Duquesne Light Co</b>		<b>Transaction ID:</b> 60710.E1785 Date of Disbursement 05 / 16 / 2006
Mailing Address PO Box 10		Amount of Each Disbursement this Period 37.03
City Pittsburgh State PA Zip Code 15230-0010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement UTILITIES	Category/ Type	UTILITIES
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		<b>Transaction ID:</b> 60710.E1814 Date of Disbursement 06 / 12 / 2006
Mailing Address Lebanon Shops Branch		Amount of Each Disbursement this Period 1932.46
City Pittsburgh State PA Zip Code 15234-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAX PAYMENT	Category/ Type	TAX PAYMENT
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Mike Gula &amp; Associates LLC</b>		<b>Transaction ID:</b> 60505.E1760 Date of Disbursement 05 / 03 / 2006
Mailing Address 700 12th St NW Ste 700		Amount of Each Disbursement this Period 17860.00
City Washington State DC Zip Code 20005-3945	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING COMMISSION	Category/ Type	FUNDRAISING COMMISSION
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	19829.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**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)

PAGE 48 / 69

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Natl Rep. Congressional Com.</b>		<b>Transaction ID:</b> 60505.C7874IK <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 98.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1838	IN KIND: BLAST FAX	
Purpose of Disbursement BLAST FAX Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Pinnatech, Inc.</b>		<b>Transaction ID:</b> 60710.E1791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 2593 Wexford Bayne Rd Ste 201		Amount of Each Disbursement this Period 101.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sewickley State PA Zip Code 15143-8676	WEBSITE HOSTING FEE	
Purpose of Disbursement WEBSITE HOSTING FEE Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. James Stalder</b>		<b>Transaction ID:</b> 60710.E1801 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6
Mailing Address 1821 Woodlands Cir		Amount of Each Disbursement this Period 3536.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15241-2671	SEE BELOW	
Purpose of Disbursement SEE BELOW Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3735.82
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. The Duquesne Club</b>		Transaction ID: 60710.E1802 Date of Disbursement 05 / 25 / 2006
Mailing Address PO Box 387		Amount of Each Disbursement this Period 3536.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15230-0387	Purpose of Disbursement BEVERAGE & CATERING FOR FR EVENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: BEVERAGE & CATERING FOR FR EVENT

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Transaction ID: 60710.E1794 Date of Disbursement 06 / 02 / 2006
Mailing Address PO Box 646		Amount of Each Disbursement this Period 149.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21265-0001	Purpose of Disbursement PHONE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		Transaction ID: 60710.E1843 Date of Disbursement 06 / 27 / 2006
Mailing Address Castle Shannon Blvd.		Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15234-	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	227.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60710.E1856 Date of Disbursement 06 / 14 / 2006
Mailing Address 2515 Banksville Rd		Amount of Each Disbursement this Period 128.37
City Pittsburgh State PA Zip Code 15216-2809	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. United Bank Card</b>		Transaction ID: 60710.E1846 Date of Disbursement 06 / 01 / 2006
Mailing Address PO Box 4006		Amount of Each Disbursement this Period 12.95
City Clinton State NJ Zip Code 08809-4006	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CC PROCESS FEE	Candidate Name	CC PROCESS FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brandon Fisher</b>		Transaction ID: 60710.E1829 Date of Disbursement 06 / 14 / 2006
Mailing Address 4920 Brightwood Rd Apt C205		Amount of Each Disbursement this Period 183.09
City Bethel Park State PA Zip Code 15102-2848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMB OFFICE SUPPLIES	Candidate Name	REIMB OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	324.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: 60710.E1793 Date of Disbursement 06 / 02 / 2006	
Mailing Address PO Box 646		Amount of Each Disbursement this Period 46.83	
City Baltimore State MD Zip Code 21265-0001	Purpose of Disbursement PHONE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE	

Full Name (Last, First, Middle Initial) <b>B. Mike DeVanney</b>		Transaction ID: 60710.E1800 Date of Disbursement 05 / 25 / 2006	
Mailing Address 261 Pinkerton Rd		Amount of Each Disbursement this Period 8366.00	
City Wexford State PA Zip Code 15090-8655	Purpose of Disbursement FR COMMISSION Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FR COMMISSION	

Full Name (Last, First, Middle Initial) <b>C. Pinnacle List Co.</b>		Transaction ID: 60514.E1774 Date of Disbursement 05 / 11 / 2006	
Mailing Address 2800 S Shirlington Rd Ste 900		Amount of Each Disbursement this Period 2755.19	
City Arlington State VA Zip Code 22206-3619	Purpose of Disbursement LIST PURCHASE Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LIST PURCHASE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11168.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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 checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. United Bank Card</b>		<b>Transaction ID:</b> 60505.E1751	
Mailing Address PO Box 4006		Date of Disbursement 04 / 27 / 2006	
City Clinton	State NJ	Zip Code 08809-4006	Amount of Each Disbursement this Period 6.48
Purpose of Disbursement CC PROCESSING FEE		<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:	CC PROCESSING FEE		

Full Name (Last, First, Middle Initial) <b>B. Value Web Hosting</b>		<b>Transaction ID:</b> 60710.E1859	
Mailing Address 3250 West Commerce Blvd. Suite 200		Date of Disbursement 06 / 29 / 2006	
City Fort Lauderdale	State FL	Zip Code 33309-	Amount of Each Disbursement this Period 21.95
Purpose of Disbursement WEBSITE HOSTING		<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:	WEBSITE HOSTING		

Full Name (Last, First, Middle Initial) <b>C. PNC Bank</b>		<b>Transaction ID:</b> 60505.E1755	
Mailing Address Lebanon Shops Branch		Date of Disbursement 05 / 05 / 2006	
City Pittsburgh	State PA	Zip Code 15234-	Amount of Each Disbursement this Period 1802.48
Purpose of Disbursement TAX PAYMENT		<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:	TAX PAYMENT		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1830.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Stevenson Williams Co.</b>		<b>Transaction ID:</b> 60514.E1780 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 666 Washington Rd		Amount of Each Disbursement this Period 900.00
City Pittsburgh State PA Zip Code 15228-1913	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stevenson Williams Co.</b>		<b>Transaction ID:</b> 60505.E1763 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 666 Washington Rd		Amount of Each Disbursement this Period 900.00
City Pittsburgh State PA Zip Code 15228-1913	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Brandon Fisher</b>		<b>Transaction ID:</b> 60710.E1797 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 4920 Brightwood Rd Apt C205		Amount of Each Disbursement this Period 621.07
City Bethel Park State PA Zip Code 15102-2848	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY Candidate Name	Category/Type	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2421.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. US House Gift Store</b>		<b>Transaction ID:</b> 60710.E1858 <b>Date of Disbursement</b> 06 / 23 / 2006
Mailing Address Longworth Bldg		Amount of Each Disbursement this Period 30.60
City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SMALL GIFT MEMENTOS	Candidate Name	SMALL GIFT MEMENTOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. PA Dept. of Revenue</b>		<b>Transaction ID:</b> 60514.E1773 <b>Date of Disbursement</b> 05 / 15 / 2006
Mailing Address Dept 280903		Amount of Each Disbursement this Period 179.09
City Harrisburg State PA Zip Code 17128-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TAX PAYMENT	Candidate Name	TAX PAYMENT
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Justin Lokay</b>		<b>Transaction ID:</b> 60514.E1771 <b>Date of Disbursement</b> 05 / 15 / 2006
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 824.07
City East Mc Keesport State PA Zip Code 15035-1614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1033.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Brentwood Baldwin Whitehall Chamber</b>		<b>Transaction ID:</b> 60505.E1768 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3501 Brownsville Rd		Amount of Each Disbursement this Period 35.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15227-3115	DINNER TIX	
Purpose of Disbursement DINNER TIX Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Raff Printing</b>		<b>Transaction ID:</b> 60514.E1772 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address 2201 Mary St PO Box 42365		Amount of Each Disbursement this Period 650.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15203-2222	PRINTING	
Purpose of Disbursement PRINTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Value Web Hosting</b>		<b>Transaction ID:</b> 60710.E1833 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 3250 West Commerce Blvd. Suite 200		Amount of Each Disbursement this Period 21.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33309-	WEBSITE HOSTING	
Purpose of Disbursement WEBSITE HOSTING Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	707.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Latrobe Country Club</b>		<b>Transaction ID:</b> 60710.E1789 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 616		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
City Latrobe State PA Zip Code 15650-0616	Purpose of Disbursement FR DEPOSIT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FR DEPOSIT

Full Name (Last, First, Middle Initial) <b>B. Justin Lokay</b>		<b>Transaction ID:</b> 60710.E1810 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 361.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Mc Keesport State PA Zip Code 15035-1614	Purpose of Disbursement SEE BELOW & MILEAGEPRKNGCANDY Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW & MILEAGEPRKNGC-ANDY

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> 60710.E1811 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 303.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-	Purpose of Disbursement CELLULAR PHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CELLULAR PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2361.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Tickets.com</b>		<b>Transaction ID:</b> 60710.E1855 <b>Date of Disbursement</b> 06 / 14 / 2006	
Mailing Address 555 Anton Blvd		Amount of Each Disbursement this Period 820.00	
City Costa Mesa State CA Zip Code 92626-7811	Purpose of Disbursement TRAVEL	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL	

Full Name (Last, First, Middle Initial) <b>B. PA Dept. of Revenue</b>		<b>Transaction ID:</b> 60710.E1844 <b>Date of Disbursement</b> 06 / 15 / 2006	
Mailing Address Dept 280903		Amount of Each Disbursement this Period 201.15	
City Harrisburg State PA Zip Code 17128-0001	Purpose of Disbursement TAX PAYMENT	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAX PAYMENT	

Full Name (Last, First, Middle Initial) <b>C. Justin Lokay</b>		<b>Transaction ID:</b> 60505.E1770 <b>Date of Disbursement</b> 04 / 28 / 2006	
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 824.07	
City East Mc Keesport State PA Zip Code 15035-1614	Purpose of Disbursement SALARY	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1845.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Brandon Fisher</b>		Transaction ID: 60710.E1812 Date of Disbursement 06 / 12 / 2006	
Mailing Address 4920 Brightwood Rd Apt C205		Amount of Each Disbursement this Period 286.88	
City Bethel Park State PA Zip Code 15102-2848	Purpose of Disbursement MILEAGE & PRINTER	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE & PRINTER	

Full Name (Last, First, Middle Initial) <b>B. Monroeville Area Chamber of Commerce</b>		Transaction ID: 60505.E1753 Date of Disbursement 05 / 05 / 2006	
Mailing Address 4268 Northern Pike		Amount of Each Disbursement this Period 17.00	
City Pittsburgh State PA Zip Code 15219-1919	Purpose of Disbursement MEAL TIX	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEAL TIX	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		Transaction ID: 60710.E1857 Date of Disbursement 06 / 19 / 2006	
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 85.60	
City Carol Stream State IL Zip Code 60197-6416	Purpose of Disbursement PHONE HARDWARE	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE HARDWARE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	389.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		Transaction ID: 60710.E1808 Date of Disbursement MM / DD / YYYY 06 / 14 / 2006
Mailing Address Castle Shannon Blvd.		Amount of Each Disbursement this Period 117.63
City Pittsburgh State PA Zip Code 15234-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Candidate Name	POSTAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Char-West COG</b>		Transaction ID: 60710.E1804 Date of Disbursement MM / DD / YYYY 05 / 25 / 2006
Mailing Address 1 Veterans Way Ste 202		Amount of Each Disbursement this Period 50.00
City Carnegie State PA Zip Code 15106-4403	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD	Candidate Name	AD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pinnatech, Inc.</b>		Transaction ID: 60514.E1779 Date of Disbursement MM / DD / YYYY 05 / 11 / 2006
Mailing Address 2593 Wexford Bayne Rd Ste 201		Amount of Each Disbursement this Period 84.95
City Sewickley State PA Zip Code 15143-8676	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE HOSTING	Candidate Name	WEBSITE HOSTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	252.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Southwest</b>		Transaction ID: 60514.E1775 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 2600 NW Topeka Blvd		Amount of Each Disbursement this Period 5041.74	
City Topeka State KS Zip Code 66617-1160	Purpose of Disbursement POSTAGE	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE	

Full Name (Last, First, Middle Initial) <b>B. Aristotle International, Inc.</b>		Transaction ID: 60710.E1784 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20003-1182	Purpose of Disbursement SOFTWARE LICENSE	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SOFTWARE LICENSE	

Full Name (Last, First, Middle Initial) <b>C. BrabenderCox</b>		Transaction ID: 60710.E1786 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6	
Mailing Address 100 W Station Square Dr, Ste 315		Amount of Each Disbursement this Period 2011.80	
City Pittsburgh State PA Zip Code 15219-1158	Purpose of Disbursement PRINTING & DESIGN HANDOUTS	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING & DESIGN HANDOUTS	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8553.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Adelphia</b>		<b>Transaction ID:</b> 60710.E1827 Date of Disbursement 06 / 25 / 2006
Mailing Address PO Box 300		Amount of Each Disbursement this Period 236.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bethel Park State PA Zip Code 15102-0300	Category/Type INTERNET SERVICE	
Purpose of Disbursement INTERNET SERVICE Candidate Name	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>B. United Bank Card</b>		<b>Transaction ID:</b> 60710.E1866 Date of Disbursement 05 / 04 / 2006
Mailing Address PO Box 4006		Amount of Each Disbursement this Period 2.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clinton State NJ Zip Code 08809-4006	Category/Type CC PROCESS FEE	
Purpose of Disbursement CC PROCESS FEE Candidate Name	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>C. Char-West COG</b>		<b>Transaction ID:</b> 60505.E1766 Date of Disbursement 04 / 28 / 2006
Mailing Address 1 Veterans Way Ste 202		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carnegie State PA Zip Code 15106-4403	Category/Type DINNER TIX	
Purpose of Disbursement DINNER TIX Candidate Name	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	289.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Justin Lokay</b>		<b>Transaction ID:</b> 60710.E1799 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 824.07
City East Mc Keesport State PA Zip Code 15035-1614	Purpose of Disbursement SALARY Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY

Full Name (Last, First, Middle Initial) <b>B. United Bank Card</b>		<b>Transaction ID:</b> 60505.E1752 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address PO Box 4006		Amount of Each Disbursement this Period 24.02
City Clinton State NJ Zip Code 08809-4006	Purpose of Disbursement CC PROCESSING FEE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CC PROCESSING FEE

Full Name (Last, First, Middle Initial) <b>C. Route 88 Self-Storage</b>		<b>Transaction ID:</b> 60710.E1831 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 170 Hillside Dr		Amount of Each Disbursement this Period 71.82
City Bethel Park State PA Zip Code 15102-2908	Purpose of Disbursement STORAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  STORAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	919.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

<b>A. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 646 City Baltimore State MD Zip Code 21265-0001 Purpose of Disbursement PHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60505.E1757</b> Date of Disbursement 05 / 03 / 2006 Amount of Each Disbursement this Period 140.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE
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<b>B. Growth &amp; Prosperity PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 2610 Ridge Road Dr City Alexandria State VA Zip Code 22302-2831 Purpose of Disbursement FR ANNOUNCEMNT Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60511.C7903IK</b> Date of Disbursement 05 / 08 / 2006 Amount of Each Disbursement this Period 38.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: FR ANNOUNCEMNT
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<b>C. Judith McVerry</b> Full Name (Last, First, Middle Initial) Mailing Address 46 Ordale Blvd City Pittsburgh State PA Zip Code 15228-1524 Purpose of Disbursement SALARY Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 60505.E1769</b> Date of Disbursement 04 / 28 / 2006 Amount of Each Disbursement this Period 2595.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2775.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**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)

PAGE 64 / 69

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Justin Lokay</b>		Transaction ID: 60710.E1781 Date of Disbursement 05 / 22 / 2006	
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 707.27	
City East Mc Keesport State PA Zip Code 15035-1614	Purpose of Disbursement SEE BELOW & MILEAGEPRKNG	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW & MILEAGEPRKNG	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Transaction ID: 60710.E1782 Date of Disbursement 05 / 22 / 2006	
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 304.25	
City Baltimore State MD Zip Code 21297-	Purpose of Disbursement CELLULAR PHONE	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CELLULAR PHONE	

Full Name (Last, First, Middle Initial) <b>C. Stevenson Williams Co.</b>		Transaction ID: 60710.E1830 Date of Disbursement 06 / 14 / 2006	
Mailing Address 666 Washington Rd		Amount of Each Disbursement this Period 900.00	
City Pittsburgh State PA Zip Code 15228-1913	Purpose of Disbursement RENT	<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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1607.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> 60514.E1778 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 190.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement MEALS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEALS

Full Name (Last, First, Middle Initial) <b>B. Judith McVerry</b>		<b>Transaction ID:</b> 60710.E1783 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 46 Ordale Blvd		Amount of Each Disbursement this Period 26.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15228-1524	Purpose of Disbursement REIMBURSE POSTAGE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE POSTAGE

Full Name (Last, First, Middle Initial) <b>C. Justin Lokay</b>		<b>Transaction ID:</b> 60710.E1806 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 202.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Mc Keesport State PA Zip Code 15035-1614	Purpose of Disbursement SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	419.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

<input checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60710.E1807 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 6
Mailing Address 2515 Banksville Rd		Amount of Each Disbursement this Period 202.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh State PA Zip Code 15216-2809	Purpose of Disbursement PHONES OFFICE SUPPLIES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		Transaction ID: 60710.E1795 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 186.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Carol Stream State IL Zip Code 60197-6416	Purpose of Disbursement MOBILE PHONE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Value Web Hosting</b>		Transaction ID: 60710.E1832 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address 3250 West Commerce Blvd. Suite 200		Amount of Each Disbursement this Period 21.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33309-	Purpose of Disbursement WEBSITE HOSTING Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	207.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**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 checked="" 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 type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		Transaction ID: 60505.E1758 Date of Disbursement 05 / 03 / 2006
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 97.22
City Carol Stream State IL Zip Code 60197-6416	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELLULAR PHONE	Candidate Name	CELLULAR PHONE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Monroeville Area Chamber of Commerce</b>		Transaction ID: 60710.E1813 Date of Disbursement 06 / 12 / 2006
Mailing Address 4268 Northern Pike		Amount of Each Disbursement this Period 150.00
City Pittsburgh State PA Zip Code 15219-1919	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AD	Candidate Name	AD
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Justin Lokay</b>		Transaction ID: 60710.E1809 Date of Disbursement 06 / 15 / 2006
Mailing Address 1321 Hilda Ave		Amount of Each Disbursement this Period 824.07
City East Mc Keesport State PA Zip Code 15035-1614	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1071.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**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)

PAGE 68 / 69

<input checked="" 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 type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Tim Murphy for Congress

Full Name (Last, First, Middle Initial)

**A.** Verizon

Mailing Address PO Box 646

City Baltimore State MD Zip Code 21265-0001

Purpose of Disbursement  
PHONE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60505.E1756

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

**48.55**

**TOTAL** This Period (last page this line number only) .....

**65885.83**

Image# 26940316763

Form/Schedule: **F3A**

Transaction ID: **C00372201**

This is a response to commission letter dated August 31, 2006 re July quarterly (4/27/06-6/30/06) for committee C00372201. I have found that we did inadvertently miss reporting 1 of 3 checks that should have been reported on a 48 hour notice on May 13, 2006. We have checked our procedures and made necessary modifications so this will not happen in the future.

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