

MAR 26 1984

CERTIFIED MAIL



MURTHA

U.S. REPRESENTATIVE JOHN P. MURTHA
12TH CONGRESSIONAL DISTRICT

84012562003
MURTHA FOR REELECTION COMMITTEE

CLERK OF THE HOUSE OF REPRESENTATIVES
1036 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D. C. 20515

041343

RE: I. D. NO. C0001907
MURTHA FOR RE-ELECTION COMMITTEE
12TH DAY REPORT PRECEDING PRIMARY
ON APRIL 10, 1984 IN PENNSYLVANIA
(1-1-84 - 3-21-84)

RECEIVED
OFFICE OF RECORDS & RESEARCH
1984 MAR 29 AM 10 20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

DEAR SIR:

ENCLOSED IS THE REPORT OF RECEIPTS AND DISBURSEMENTS FOR THE ABOVE STATED PERIOD. SCHEDULE A OF THE REPORT - ITEMIZED RECEIPTS FROM INDIVIDUALS IS BEING FILED INCOMPLETE AT THIS TIME. SEVERAL ADDRESSES OF INDIVIDUALS, THEIR EMPLOYER'S ADDRESSES AND OCCUPATIONS ARE NOT AVAILABLE AT THIS TIME. WE HAVE BEEN TRYING TO OBTAIN THIS INFORMATION BUT HAVE BEEN UNSUCCESSFUL AND WE WANT TO FILE A TIMELY REPORT.

WHEN WE ARE ABLE TO OBTAIN THE INFORMATION, WE WILL FILE AN AMENDMENT TO OUR REPORT DETAILING ALL THE MISSING INFORMATION.

VERY TRULY YOURS,

ROBERT C. ONDICK, TREASURER
MURTHA FOR RE-ELECTION COMMITTEE



MIKE SLAVICH CHAIRMAN • ROBERT ONDICK TREASURER
BOX 1091 JOHNSTOWN, PENNSYLVANIA 15907

MAR 26 1984

REPORT OF RECEIPTS AND DISBURSEMENTS For an Authorized Committee

(Summary Page)

CERTIFIED MAIL

1. Name of Committee (in Full) MURTHA FOR RE-ELECTION COMMITTEE		2. FEC Identification Number C00019075
Address (Number and Street) 304 FISHER BUILDING		3. Is this Report an Amendment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
City, State and ZIP Code JOHNSTOWN, PENNSYLVANIA 15901		

Check if address is different than previously reported. ☐

4. TYPE OF REPORT

☐ April 15 Quarterly Report ☒ Twelfth day report preceding election on APRIL 10, 1984 in the State of PENNA.

☐ July 15 Quarterly Report ☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ October 15 Quarterly Report ☐ Termination Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

This report contains activity for — ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY		Column A This Period	Column B Calendar Year-to-Date
5. Covering Period	JAN. 1, 1984 Through MARCH 21, 1984		
6. Net Contributions (other than loans):			
(a) Total Contributions (other than loans) (from Line 11e)		\$ 15,804.00	\$ 15,804.00
(b) Total Contribution Refunds (from Line 20d)		\$	\$
(c) Net Contributions (other than loans) (Subtract Line 6b from 6a)		\$ 15,804.00	\$ 15,804.00
7. Net Operating Expenditures:			
(a) Total Operating Expenditures (from Line 17)		\$ 11,101.79	\$ 11,101.79
(b) Total Offsets to Operating Expenditures (from Line 14)		\$ -0-	\$ -0-
(c) Net Operating Expenditures (Subtract Line 7b from 7a)		\$ 11,101.79	\$ 11,101.79
8. Cash on Hand at Close of Reporting Period (from Line 27)		\$ 41,473.37	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)		\$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)		\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information, contact:

ROBERT C. ONDICK

Federal Election Commission
Toll Free 800-424-9530
Local 202-523-4068

Type or Print Name of Treasurer

SIGNATURE OF TREASURER

3/24/84

Date

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

All previous versions of FEC FORM 3 and FEC FORM 3a are obsolete and should no longer be used.

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FEC FORM 3 (3/80)

84012502004

**DETAILED SUMMARY PAGE
of Receipts and Disbursements
(Page 2, FEC FORM 3)**

Name of Committee (In Full)

MURTHA FOR RE-ELECTION COMMITTEE

Report Covering the Period:

From: 1/1/84

To: 3/21/84

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (Memo Entry Unitemized \$ <u>1,429.00</u>)	11,679.00	11,679.00
(b) Political Party Committees.	4,125.00	4,125.00
(c) Other Political Committees		
(d) The Candidate.		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11a, 11b, 11c and 11d)	15,804.00	15,804.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans.		
(c) TOTAL LOANS (add 13a and 13b)		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	786.70	786.70
15. OTHER RECEIPTS (Dividends, Interest, etc.)	16,590.70	16,590.70
16. TOTAL RECEIPTS (Add 11e, 12, 13c, 14 and 15).		
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	11,101.79	11,101.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans.		
(c) TOTAL LOAN REPAYMENTS (add 19a and 19b).		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.		
(c) Other Political Committees		
(d) TOTAL CONTRIBUTION REFUNDS (add 20a, 20b and 20c)	6,850.00	6,850.00
21. OTHER DISBURSEMENTS.	17,951.79	17,951.79
22. TOTAL DISBURSEMENTS (Add 17, 18, 19c, 20d and 21).		
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD \$	42,834.96	
24. TOTAL RECEIPTS THIS PERIOD (From Line 16) \$	16,590.70	
25. SUBTOTAL (Add Line 23 and Line 24). \$	59,425.66	
26. TOTAL DISBURSEMENTS THIS PERIOD (From Line 22) \$	17,951.79	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 26 from 25) \$	41,473.87	

84012503005

SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 3 for
 LINE NUMBER 11a
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full)

MURTHA FOR RE-ELECTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code DAVID & JANIS SCARROTT 17135 HART STREET VAN NUYS, CA. 91406	Name of Employer Occupation	Date (month, day, year) 1/17/84	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
B. Full Name, Mailing Address and ZIP Code JOHN T. & MIDORI CAVE, II 9812 GLOUCESTER DRIVE BEVERLY HILLS, CA. 90210	Name of Employer Occupation	Date (month, day, year) 1/17/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code MICHAEL L. & NANCY MCCARTHY 27091 VALIA MISSION VIEJO, CA. 92691	Name of Employer Occupation	Date (month, day, year) 1/17/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code DARNELL GILBREATH 5117 LUBAO AVENUE WOODLAND HILLS, CA. 91364	Name of Employer Occupation	Date (month, day, year) 1/17/84	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
E. Full Name, Mailing Address and ZIP Code MATEO & DOMINGA MINGUEZ 16443 MINNESOTA AVENUE PARAMOUNT, CA. 90723	Name of Employer Occupation	Date (month, day, year) 1/17/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code EDWARD & THELMA PADEN P. O. BOX 442 CHESTER, PA. 19016	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code EUGENE F. MCFARLAND	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
SUBTOTAL of Receipts This Page (optional)			5,250.00
TOTAL This Period (last page this line number only)			

84012562006

SCHEDULE A

ITEMIZED RECEIPTS

Page 2 of 3 for
 LINE NUMBER 11a
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

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Name of Committee (in Full)

MURTHA FOR RE-ELECTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code BERTRAM COHEN 9 FLAGSTAFF PL. PHILADELPHIA, PA. 19115	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
B. Full Name, Mailing Address and ZIP Code STEPHEN R. BERNSTEIN 2301 CHERRY ST., APT. 14D PHILADELPHIA, PA.	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
C. Full Name, Mailing Address and ZIP Code STANLEY BERNSTEIN BOX 198, R. D. #1 REGALSVILLE, PA. 18077	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
D. Full Name, Mailing Address and ZIP Code GARY W. BLACK, JR. 155 SOUTH LIMERICK BLVD. LIMERICK, PA. 19468	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code PHILIP J. KENDALL 1820 RITTENHOUSE SQUARE PHILADELPHIA, PA. 19103	Name of Employer PACKARD PRESS 10TH SPRING GARDEN STS. PHILADELPHIA, PA. 19123 Occupation PRES.	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
F. Full Name, Mailing Address and ZIP Code IRVING ALTMAN 115 NEW STREET GLENSIDE, PA. 19038	Name of Employer ALTMAN BROS. GLENSIDE, PA. Occupation PARTNER	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
G. Full Name, Mailing Address and ZIP Code ALAN M. LEVENTHAL 180 COMMONWEALTH AVENUE BOSTON, MA. 20116	Name of Employer Occupation	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
SUBTOTAL of Receipts This Page (optional)			3,000.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A

ITEMIZED RECEIPTS

Page 3 of 3 for
 LINE NUMBER 11a
 (Use separate schedule(s) for each
 category of the Detailed
 Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in Full)

MURTHA FOR RE-ELECTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code J. ANTHONY MESSINA 123 SOUTH BROAD ST. PHILADELPHIA, PA. 19109		Name of Employer PEPPER, HAMILTON & SCHEETZ	Date (month, day, year) 1/20/84	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00	
B. Full Name, Mailing Address and ZIP Code ALFRED D'ANGELO 123 SOUTH BROAD STREET PHILADELPHIA, PA. 19109		Name of Employer PEPPER, HAMILTON & SCHEETZ	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 250.00	
C. Full Name, Mailing Address and ZIP Code *MADWAY ASSOC. PTR. 2200 BENJAMIN FRANKLIN PKWY. PHILADELPHIA, PA. 19130		Name of Employer MADWAY ASSOC. PHILADELPHIA, PA.	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 500.00	
D. Full Name, Mailing Address and ZIP Code *DILWORTH, PAXSON, KAUFMAN & KALISH 2600 THE FIDELITY BLDG. PHILADELPHI, PA. 19109		Name of Employer DILWORTH, PAXSON, KAUFMAN, & KALISH PHILADELPHIA, PA.	Date (month, day, year) 1/20/84	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 500.00	
E. Full Name, Mailing Address and ZIP Code *COHEN, SHAPIRO, POLISHER, SHIEKMAN & COHEN PHILADELPHIA SAVINGS FUND BUILDING PHILADELPHIA, PA. 19107		Name of Employer COHEN, SHAPIRO, POLISHER, SHIEKMAN & COHEN, PHILADELPHIA, PA.	Date (month, day, year) 1/26/84	Amount of Each Receipt This Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$ 500.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date—\$	
SUBTOTAL of Receipts This Page (optional)				2,000.00
TOTAL This Period (last page this line number only)				10,250.00

*PARTNERS NAMES NOT AVAILABLE AT THIS TIME - WILL FOLLOW AT A LATER DATE.

SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 2 for
 LINE NUMBER 11C
 (Use separate schedule(s) for each
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 Summary Page)

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Name of Committee (in Full) MURTHA FOR RE-ELECTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code ARMCO EMPLOYEES POL. ACT. COMM. 703 CURTIS STREET MIDDLETOWN, OHIO 45043	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 500.00
	Occupation	1/10/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
B. Full Name, Mailing Address and ZIP Code SEAFARERS POL. ACT. DON. - SPAD 675 FOURTH AVENUE BROOKLYN, N. Y. 11232	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500.00
	Occupation	1/17/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
C. Full Name, Mailing Address and ZIP Code THE BUTLER BINION RICE COOK & KNAPP POL. FUND 1305 ESPERSON BLDG. HOUSTON, TEXAS 77002	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500.00
	Occupation	1/20/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
D. Full Name, Mailing Address and ZIP Code THE BELL TELE. CO. OF PA. POL. ACT. COMM. 1835 ARCH ST. PHILADELPHIA, PA. 19103	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500.00
	Occupation	1/20/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
E. Full Name, Mailing Address and ZIP Code ROHM & HAAS POL. ACT. COMM.	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 100.00
	Occupation	1/26/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 100.00		
F. Full Name, Mailing Address and ZIP Code BOEING POL. ACT. COMM. P. O. BOX 3707, M/S 10-13 SEATTLE, WASH, 98124	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 250.00
	Occupation	1/26/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
G. Full Name, Mailing Address and ZIP Code SMITH-KLINE PAC 1500 SPRING GARDEN ST., P. O. BOX 7929 PHILADELPHIA, PA. 19101	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 250.00
	Occupation	2/02/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
SUBTOTAL of Receipts This Page (optional)			2,600.00
TOTAL This Period (last page this line number only)			

84012562009

SCHEDULE A

ITEMIZED RECEIPTS

Page 2 of 2 for
 LINE NUMBER 11c
 (Use separate schedule(s) for each
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 Summary Page)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
Name of Committee (in Full) MURTHA FOR RE-ELECTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code GILBERT COMM. POL. ACT. COMM. P. O. BOX 1498 READING, PA. 19603	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 250.00
	Occupation	2/10/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
B. Full Name, Mailing Address and ZIP Code G.P.U. POL. PART. ASSN. (EARMARKED FROM P. O. BOX 1018 AN EMPLOYEE OF READING, PA. 19603 G.P.U.)	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 25.00
	Occupation	2/22/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 25.00		
C. Full Name, Mailing Address and ZIP Code SONAT, INC. POL. ACT. COMM. P. O. BOX 2563 BIRMINGHAM, AL. 35202	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500.00
	Occupation	2/29/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
D. Full Name, Mailing Address and ZIP Code VALLEY ASSOC. PUBLIC AFFAIRS COMM.	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 250.00
	Occupation	1/20/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 250.00		
E. Full Name, Mailing Address and ZIP Code WASHINGTON POL. ACT. COMM. 400 NORTH CAPITOL ST., N.W., SUITE 168 WASHINGTON, D. C. 20001	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 500.00
	Occupation	3/21/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			1,525.00
TOTAL This Period (last page this line number only)			4,125.00

84012502010

SCHEDULE A

ITEMIZED RECEIPTS

Page 1 of 1 for
 LINE NUMBER 15
 (Use separate schedule(s) for each
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 Summary Page)

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Name of Committee (in Full)

MURTHA FOR RE-ELECTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code JOHNSTOWN BANK & TRUST CO. 534 MAIN STREET JOHNSTOWN, PA. 15901	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 262.32 244.16 280.22
	INTEREST	1/20/84	
	Occupation	2/17/84	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date—\$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date—\$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date—\$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date—\$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date—\$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date—\$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			786.70
TOTAL This Period (last page this line number only)			786.70

84012562011

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 LINE NUMBER 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
Name of Committee (in Full)			
MURTHA FOR RE-ELECTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code NUNZIO MEDILE P. O. BOX 12 JOHNSTOWN, PA. 15907	Purpose of Disbursement TRAVEL EXP. - D. C. TRIP LUNCH LUNCH - STAFF Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/04/84 1/20/84 2/14/84	Amount of Each Disbursement This Period 113.80 14.44 11.13
B. Full Name, Mailing Address and ZIP Code NUNZIO MEDILE P. O. BOX 12 JOHNSTOWN, PA. 15907	Purpose of Disbursement TRAVEL EXP. - ADVANCE TRAVEL EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 2/17/84 3/19/84	Amount of Each Disbursement This Period 75.00 120.74
C. Full Name, Mailing Address and ZIP Code BILL LOHR SALIX, PA.	Purpose of Disbursement TRAVEL DINING EXP. TRAVEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/06/84 2/14/84 2/15/84	Amount of Each Disbursement This Period 20.54 9.46 6.76
D. Full Name, Mailing Address and ZIP Code BILL LOHR SALIX, PA.	Purpose of Disbursement CAR WASHES & LUNCHEON GIFTS & MONEY ORDERS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 2/16/84 2/28/84	Amount of Each Disbursement This Period 19.85 349.77
E. Full Name, Mailing Address and ZIP Code POSTMASTER JOHNSTOWN, PA.	Purpose of Disbursement POSTAGE POSTAGE POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/06/84 1/13/84 1/24/84	Amount of Each Disbursement This Period 20.00 100.00 40.00
F. Full Name, Mailing Address and ZIP Code POSTMASTER JOHNSTOWN, PA.	Purpose of Disbursement BULK MAIL POSTAGE BULK MAIL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 2/10/84 2/15/84 3/16/84	Amount of Each Disbursement This Period 300.00 60.00 100.00
G. Full Name, Mailing Address and ZIP Code POSTMASTER JOHNSTOWN, PA.	Purpose of Disbursement POSTAGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 3/16/84	Amount of Each Disbursement This Period 20.00
H. Full Name, Mailing Address and ZIP Code S.O.K. ASSOCIATES c/o LOUIS SCANSAROLI 225 MAIN STREET JOHNSTOWN, PA. 15901	Purpose of Disbursement RENT RENT RENT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/11/84 2/23/84 3/01/84	Amount of Each Disbursement This Period 100.00 50.00 50.00
I. Full Name, Mailing Address and ZIP Code BILL MITCHELL 502 CYPRESS AVENUE JOHNSTOWN, PA. 15905	Purpose of Disbursement TRAVEL TRAVEL TRAVEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/11/84 2/06/84 2/22/84	Amount of Each Disbursement This Period 5.28 4.40 4.40
SUBTOTAL of Disbursements This Page (optional)			1,595.57
TOTAL This Period (last page this line number only)			

84012562012

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)			
MURTHA FOR RE-ELECTION COMMITTEE			
A. Full Name, Mailing Address and ZIP Code BILL MITCHELL 502 CYPRESS AVENUE JOHNSTOWN, PA. 15905	Purpose of Disbursement CAR WASH GAS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 2/24/84 3/12/84	Amount of Each Disbursement This Period 5.29 16.00
B. Full Name, Mailing Address and ZIP Code SADIE DUPONT 2423 RAYBURN BLDG. WASHINGTON, D. C.	Purpose of Disbursement BALANCE OF CAR WASHES PETTY CASH-OFF. EXP. TRAVEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/11/84 1/18/84 1/31/84	Amount of Each Disbursement This Period .66 200.00 5.00
C. Full Name, Mailing Address and ZIP Code SADIE DUPONT 2423 RAYBURN BLDG. WASHINGTON, D. C.	Purpose of Disbursement GAS & CAR WASHES PETTY CASH-OFFICE EXP. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 3/01/84 3/02/84	Amount of Each Disbursement This Period 2.97 200.00
D. Full Name, Mailing Address and ZIP Code CROWN AMERICAN CORP. BOX 879 JOHNSTOWN, PA. 15907	Purpose of Disbursement LUNCHEON LODGING-GIOMARISO LODGING-GIOMARISO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/11/84 1/19/84 3/09/84	Amount of Each Disbursement This Period 653.40 87.16 74.92
E. Full Name, Mailing Address and ZIP Code SHARKEYS BUCKNELL AVE. & MILLCREEK RD. JOHNSTOWN, PA. 15905	Purpose of Disbursement GAS - TRAVEL EXPENSE GAS GAS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/11/84 2/14/84 3/07/84	Amount of Each Disbursement This Period 71.31 163.42 196.11
F. Full Name, Mailing Address and ZIP Code FRANK J. CASTELLI SALES RT. 22 EAST EBENSBURG, PA.	Purpose of Disbursement AUTO REPAIRS VEHICLE EXPENSE VEHICLE EXPENSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/11/84 2/15/84 3/07/84	Amount of Each Disbursement This Period 79.34 721.49 104.94
G. Full Name, Mailing Address and ZIP Code BARKHIMER INS. 401 FISHER BLDG. 607 MAIN ST. JOHNSTOWN, PA. 15901	Purpose of Disbursement AUTO INSURANCE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/19/84	Amount of Each Disbursement This Period 493.00
H. Full Name, Mailing Address and ZIP Code THOMAS J. LANGFORD, INC. P. O. BOX 1504 WASHINGTON, D. C. 20013	Purpose of Disbursement CHRISTMAS CARDS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/19/84	Amount of Each Disbursement This Period 1,860.00
I. Full Name, Mailing Address and ZIP Code LENOX CRYSTAL LENOX RD. RT. 31 EAST MT. PLEASANT, PA. 15666	Purpose of Disbursement GIFTS GIFTS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/19/84 3/07/84	Amount of Each Disbursement This Period 190.80 455.80
SUBTOTAL of Disbursements This Page (optional)			5,581.61
TOTAL This Period (last page this line number only)			

84012562013

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in Full)

MURTHA FOR RE-ELECTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code VALLEY PRINTING CO. 667 MAIN STREET JOHNSTOWN, PA. 15901	Purpose of Disbursement CONN. LETTERS LETTERHEADS	Date (month, day, year) 1/19/84	Amount of Each Disbursement This Period 56.18
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/26/84	132.50
B. Full Name, Mailing Address and ZIP Code VALLEY PRINTING CO. 667 MAIN STREET JOHNSTOWN, PA. 15901	Purpose of Disbursement LETTERS ENVELOPES	Date (month, day, year) 2/15/84	Amount of Each Disbursement This Period 45.58
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/24/84	180.20
C. Full Name, Mailing Address and ZIP Code NIESSNER'S 2227 BEDFORD STREET JOHNSTOWN, PA. 15904	Purpose of Disbursement FLOWERS FLORAL ARRANGEMENTS FLORAL ARRANGEMENTS	Date (month, day, year) 1/19/84	Amount of Each Disbursement This Period 404.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/24/84 3/07/84	44.04 24.37
D. Full Name, Mailing Address and ZIP Code GENERAL TELEPHONE CO. OF PENNA. ERIE, PA	Purpose of Disbursement TELEPHONE TELEPHONE TELEPHONE	Date (month, day, year) 1/31/84	Amount of Each Disbursement This Period 33.96
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/14/84 2/24/84	7.47 43.13
E. Full Name, Mailing Address and ZIP Code JTWN. REG. CENTRAL LABOR COUNCIL BOX 658 JOHNSTOWN, PA. 15907	Purpose of Disbursement AD & TICKETS	Date (month, day, year) 1/31/84	Amount of Each Disbursement This Period 170.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code HOWARD IMPRINTING CO. TAMPA, FL. 33684	Purpose of Disbursement GOLD LEAF MACHINE	Date (month, day, year) 2/10/84	Amount of Each Disbursement This Period 264.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code THE HINDMAN SETTLEMENT SCHOOL HINDMAN, KENTUCKY	Purpose of Disbursement TICKET - IN HONOR OF CARL D. & VERA PERKARS	Date (month, day, year) 2/22/84	Amount of Each Disbursement This Period 200.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code LOMBARDO'S 935 SCALP AVENUE JOHNSTOWN, PA. 15904	Purpose of Disbursement BANQUET 1/21/84	Date (month, day, year) 2/23/84	Amount of Each Disbursement This Period 509.23
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			2,115.06
TOTAL This Period (last page this line number only)			9,292.24

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of 1 for
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 (Use separate schedule(s) for each
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Name of Committee (in Full)

MURTHA FOR RE-ELECTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code WESTMORELAND COUNTY DEM. COMM. LAW & FINANCE BLDG. ANNEX 35 WEST PITTSBURGH ST. GREENSBURG, PA. 15601	Purpose of Disbursement CONTRI. TICKETS FOR 1982 CAMPAIGN TICKETS FOR 1984 PRIMARY Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/26/84 2/23/84 3/09/84	Amount of Each Disbursement This Period 100.00 1,200.00 2,000.00
B. Full Name, Mailing Address and ZIP Code JOE PETRARCA FOR LEGISLATOR 412 HANCOCK AVE. VANDERGRIFT, PA. 15690	Purpose of Disbursement TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/26/84	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code UDALL ADVISORY COMM. 1800 N. KENT ST. SUITE 903 ARLINGTON, VA. 22209	Purpose of Disbursement CONTRI. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 1/26/84	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code SOMERSET CO. DEM. COMM. P. O. BOX 11 SOMERSET, PA. 15501	Purpose of Disbursement TICKETS TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 2/02/84 3/01/84	Amount of Each Disbursement This Period 100.00 100.00
E. Full Name, Mailing Address and ZIP Code CAMBRIA CO. DEM. COMM. EBENSBURG, PA.	Purpose of Disbursement CONTRI. TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 2/24/84 3/14/84	Amount of Each Disbursement This Period 1,500.00 150.00
F. Full Name, Mailing Address and ZIP Code ALLEN ERTLE 226 NORTH ST. HARRISBURG, PA. 17101	Purpose of Disbursement TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 3/14/84	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code CITIZENS FOR HARKINS COMM. 3213 SOUTH WEST 9TH DES MOINES, IOWA 50315	Purpose of Disbursement CONTRI. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 3/14/84	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code BAILEY FOR AUDITOR GENERAL P. O. BOX AG GREENSBURG, PA. 15601	Purpose of Disbursement TICKETS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 3/19/84	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			6,850.00
TOTAL This Period (last page this line number only)			6,850.00

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